

WAIVER OF LIABILITY FORM

Please complete in full and return to Indiana Bahá'í School.

Completion and return of waiver is required before participation in event.

Event location: _____ Dates of event: _____

Sponsored by: Indiana Bahá'í School Committee
(an agency of the National Spiritual Assembly)

Participant's name (Last, First): _____

___ Participant is a child or youth, under 18 (parent/guardian signs this form)

___ Participant is an adult, 18 years or older (participant signs this form)

Please Read this Waiver Before Signing

I understand that during participation in this event one may be exposed to physically and psychologically stressful and challenging situations, including but not limited to, risks and dangers inherent in the activity itself, exposure to forces of nature, motor vehicle travel and possible accident or illness.

I have advised sponsor of any special needs of the participant or activities from which the participant should be restricted.

I understand that, although precautions have been taken to provide proper organization, supervision, instruction and equipment for each activity, it is impossible to guarantee absolute safety. I understand that I share responsibility for the safety of the participant and assume that responsibility.

I hereby assume all risks and dangers and will hold harmless the National Spiritual Assembly of the Bahá'ís of the United States, the Indiana Bahá'í School Committee, all local Spiritual Assemblies, their officers, agents, and employees and all groups and persons connected herewith, from all actions, causes of actions, suits and any claims, demands, and liabilities whatsoever, both in law and equity, and or any of their respective officers, agents, and employees, in connection with participating activities, except in cases of gross negligence.

The terms hereof shall be binding on my executors, heirs, administrators, and assignees, and shall serve as an assumption of risk and general release for the participant while participating in this event.

SIGN FOR ASSUMPTION OF RISK GENERAL RELEASE, AND WAIVER OF CLAIMS:

Signature: _____ Date: _____

Medical insurance company: _____ Policy number: _____

Medical insurance company phone: _____