



SAN DOMENICO SUMMER CAMPS
 1500 Butterfield Road, San Anselmo, CA 94960
 415 258-1944 www.sandomenico.org/summers

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

 Name of Child(ren) in Program

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the SAN DOMENICO SCHOOL (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the SAN DOMENICO SCHOOL, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the SAN DOMENICO SCHOOL for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE SAN DOMENICO SCHOOL FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE SAN DOMENICO SCHOOL, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HERBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the SAN DOMENICO SCHOOL, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the SAN DOMENICO SCHOOL.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned of such children in, upon or about the SAN DOMENICO SCHOOL premises or in any way observing or using any facilities or equipment of the SAN DOMENICO SCHOOL or participating in any program affiliated with the SAN DOMENICO SCHOOL whether caused by negligence of the releasees or otherwise.
3. THE UNDERSIGNED HERBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasee or otherwise while in, about or upon the premises of the SAN DOMENICO SCHOOL and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the SAN DOMENICO SCHOOL.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements of inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE,

Signature of Applicant/Parent

Date

CONSENT AGREEMENT

In case of such emergency that neither I nor the above designated physicians can be reached, I authorize the Head of School or delegated school authorities to use their discretion in selecting a physician or dentist to proceed with whatever medical procedures are deemed necessary to treat my child for any illness, accident or emergency that might occur while he/she is under the jurisdiction of San Domenico School.

 Parent/Guardian Signature

 Date