



## RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I, \_\_\_\_\_, as parent/guardian having legal custody of \_\_\_\_\_, who is voluntarily enrolled as a participant in the Washington FEAST Spooktacular Halloween Event, understand that Washington FEAST programs involve inherent risk and possible injury because of the nature of the activity, even when conducted in a safe manner. If the participant is a minor, I give permission for her/him to attend this FEAST event and participate in all phases of the program. I understand and accept the risks involved. Washington FEAST, their Board of Directors, Officers and volunteers shall in no way be held liable for any accident or injury in any way received by \_\_\_\_\_ (name of child or self) on account of or while engaged in this event except for injury due to negligence of the Washington FEAST, its board, officers and volunteers. I understand that every effort will be made to contact me if my child needs emergency medical/surgical treatment, but if it is impractical to do so, **I HEREBY GIVE PERMISSION** and authorize all medical, surgical, diagnostic, and hospital care or procedures which may be performed or prescribed for my child by a licensed physician or hospital when efforts to contact me are unsuccessful, and when deemed immediately or advisable by the physician to safeguard my child's health.

We further agree that Washington FEAST board, officers, and employees/volunteers shall not be responsible for payment of any bills rendered for medical services as a result of accidents, injuries, or illness. Each participant must provide evidence that he or she has health insurance coverage during the event period. Parents are responsible for reviewing their own individual or group health care plans in regards to coverage details and agree to assume the cost of any uninsured medical expenses due to the application of deductibles or plan coverage limitations.

Date \_\_\_\_\_ Individual(Parent/Guardian if under 18) Signature \_\_\_\_\_

**I also give permission for**

\_\_\_\_\_ me

\_\_\_\_\_ my child

**to be photographed, and allow Washington FEAST to release said pictures for publicity purposes.**

Date \_\_\_\_\_ Individual (Parent/Guardian if minor) Signature \_\_\_\_\_

Washington FEAST, 2400 NW 80<sup>th</sup> St. Box 315 Seattle WA 98117

[www.wafeast.org](http://www.wafeast.org)