

FAMILY LEARNING SOLUTIONS, LLC
Donna Hale Grosser, LMHC

Waiver: Release and Indemnity Agreement

Each family must read and sign this form.

I consent that my child _____ may participate in Sibshop. I also understand that in order to participate; I must give up my rights to hold Donna Grosser, Family Learning Solutions, St. David's Church, all sponsors of this Sibshop and any volunteers or staff assisting for any injury or damage which I or my child may suffer while participating in this activity. Knowing this and in consideration of being permitted to participate, I hereby voluntarily release Donna Grosser, Family Learning Solutions, St. David's Church, all sponsors of this Sibshop and any volunteers or staff assisting from any and all liability resulting from or arising out of participation and hereby personally assume all risks in connection with participating. I understand that if I am signing this agreement on behalf of my minor child that I will be giving up the same rights for said minor as I would be giving up if I had signed this document on my own behalf.

I acknowledge that I have read this agreement and that I understand the words and language in it. I have been advised of any potential dangers incidental to participating in this activity. This agreement shall be construed under and in accordance with the laws of Florida.

Child's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Parent/Guardian Release:

I am the parent or legal guardian of the minor _____ (child's name) and I am
Print Name
signing this document on behalf of said minor.

Parent/Guardian: _____ Contact # _____
Print Name

Signature (Parent/Guardian): _____ Date: _____