

**FRIENDS OF SCOTT SUMMER CELEBRATION  
SUNDAY, JUNE 12, 2022  
Waiver of Liability, and Assumption of Risk,  
Release and Indemnification Agreement**

I, \_\_\_\_\_ (print name of parent/child/legal representative) grant myself/child, \_\_\_\_\_ (print name of participant) permission to participate in the **FRIENDS OF SCOTT SUMMER CELEBRATION on 6/12/2022** ("activity"), as in accordance with this Waiver of Liability, Assumption of Risk, Release, and Indemnification Agreement, as explained in more detail below:

**Waiver:** In consideration of my/my child's participation in this activity, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Rady Children's Hospital or Friends of Scott Foundation, its volunteers, directors, officers, employees, and agents for liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the activity.

**Assumption of Risks:** Physical activity and travel, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I appreciate these and other risks that are inherent in the activities made possible by Rady Children's Hospital or Friends of Scott Foundation. I hereby assert that my/my child's participation is voluntary and that I knowingly assume all such risks.

**Indemnification and Hold Harmless:** I also agree to Indemnify and hold Rady Children's Hospital or Friends of Scott Foundation harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my/my child's involvement with this activity, and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks 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.

**Release:** I understand and agree that Rady Children's Hospital or Friends of Scott Foundation, its volunteers, employees, directors, officers, or agents assume no responsibility or liability for any accident, injury or death that may occur as a result of my child's participation in this activity. By signing this form in the space provided, I hereby release Rady Children's Hospital or Friends of Scott Foundation its volunteers, employees, directors, officers, and agents from any responsibility or liability for any accident, injury or death that may occur as a result of my/my child's participation in this activity.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, release and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my/my child's right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

**Participant Printed Name:**

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**Parent/Legal Representative Printed Name:**

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**Parent/Legal Representative Signature:**

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**Date:** \_\_\_\_\_

**PHOTO CONSENT:** I hereby consent that photos of my child/self may be taken; may appear on Friend of Scott Foundation's social media pages and/or in press coverage; and/or may be used as a part of a donation request or thank you to event sponsors.

**Signature:** \_\_\_\_\_