



ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

I hereby declare that I am authorized as the parent and/or guardian of (child's name = "participant") _____ to sign this Release of Liability Form on their behalf, and understand and agree that I am bound by all terms and conditions of this document.

I understand and acknowledge that certain aspects of KidVets ("program"), whether or not listed on the website, paperwork, or through other verbal or other non-verbal communication, carry a risk of injury.

I hereby release and agree to indemnify and hold harmless, KidVets, Dr Pamela Wittenberg, and/or The City of Santa Rosa, and all of their employees and representatives ("provider(s)") whatsoever from any and all losses, claims, damages, liabilities, costs, and expenses including attorney fees, which they or any of them, or participant may sustain or incur in any way arising out of or in connection with participation in the program.

The provider reserves the right to dismiss a participant whose conduct is dangerous, illegal, or is detrimental to the program and/or other participants. No refunds are given to dismissed participants. In case of accident or sickness, the providers have my permission to secure such medical attention for my child as is deemed necessary. All expenses will be the responsibility of, and shall be paid for by, the parents or guardians.

I am familiar with the program and all my questions, including questions concerning the details of activities, physical conditions, and location have been answered to my satisfaction. I understand that participation creates a risk of injury to the participant and I expressly acknowledge and assume the risk of such injury.

The program may or may not include: arts and crafts, outdoor activities, field sports, science experiments (including but not limited to chemistry, physics, and biology), the use of medical equipment (including syringes and other sharp objects), and exposure to animals. Possible injuries include, but are not necessarily limited to: slipping, falling, sunburn, cuts from equipment/tools/ surfaces, scratches and bites from animals, and other mild or serious injuries and conditions.

An environment free of allergens, including but not limited to food, pollen, and animal allergens, cannot be guaranteed. Therefore, the providers cannot guarantee that any particular food product/ location/animal is free of all traces of any particular allergen, that exposure to a food product/location/ animal will not result in some form of allergic reaction, or that the participant will not come into contact with any allergens while participating in the program.

My child's participation in the KidVets program, presence on city property, and use of the city facilities includes possible exposure to, illness, and death from infectious diseases including, but not limited to, methicillin-resistant Staphylococcus aureus (MRSA), influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child's participation in the program, presence on city property, and/or use of city facilities.

I willingly agree to comply with the stated and customary terms and conditions for participation as they relate to protection against infectious diseases.

(continued on other side)

I understand that this description of risks is not complete, and that unknown or unanticipated risks may result in property loss, injury, or death. I represent that my child is fully capable of participating in the program. Therefore, I assume and accept full responsibility and assume the risk of and for any injury, illness, death, loss of personal property, and/or expenses that may result from participant involvement in this program.

To the fullest extent permitted by law, I, for myself, and on behalf of my child, heirs, assigns, and representatives hereby release and hold harmless the Released Parties with respect to any and all illness, injury, disability, death, of my child related to or arising out of my child's participation in the program, presence on city property, or their use of the city facilities and materials provided.

I HAVE READ THIS WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.

Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Address: _____

Phone# for use during camp hours: _____

E-mail: _____

Any allergies or medical conditions we should know about? YES (list below) NO
(circle one)

**Can we use your child's picture for promotional purposes?
(no names or other identifying info will be used)** YES! NO
(circle one)