

Maple Grove Treatment Center Release of Liability

This is an important legal document!
By signing it, you are giving up certain rights.
PLEASE READ IT CAREFULLY BEFORE SIGNING

In consideration for being permitted to leaving the Summer Program facilities for recreational outings, ground transportation, swimming, indoor rock climbing, amusement park rides, and any activities during the "The Asperger's/Autism Summer Program" (hereinafter collectively referred to as "activities covered by this Agreement") conducted by Maple Grove Treatment Center, I

_____ (print name),
here by agree as follows for my child

_____ (print name),

1) RELEASE OF LIABILITY. I hereby release and discharge Maple Grove Treatment Center and its instructors, and associates from any and all liability, claims, demands, or causes of action whatsoever arising out of any damage, loss or injury to my child, or my child's property, or my child's death, while participating in any of the activities covered by this agreement, whether resulting from the negligence or other fault, either active or passive, of any of the Releasees, or from any other cause.

(_____) **Please initial when read**

2) AGREEMENT NOT TO SUE. I agree never to institute any lawsuit or cause of action against any of the Releasees, or to initiate or to assist in the prosecution of any claim for damages against the Releasees which I may have by reason of injury to my person or property, or my death, arising from the activities covered by this agreement, whether caused by the negligence or fault, active or passive, of any of the Releasees, or from any other cause. I further agree that my

heirs, executors, administrators, personal representatives, or any one else claiming on my behalf, shall not institute any lawsuit, cause of action, or claim for damages against any of the Releasees, nor shall they initiate or assist in the prosecution of any claim for damages against the Releasees, which I, my heirs, executors, administrators, personal representatives, and/or anyone else claiming on my child's behalf may have by reason of injury to my child's person or property, or death, arising from the activities covered by this Agreement, whether caused by the negligence or fault, either active or passive, of any of the Releasees, or from any other causes. I hereby so instruct my heirs, executors, administrators, personal representatives, or anyone else claiming on my behalf. Should any such lawsuit or cause of action be instituted against any of the Releasees, I agree that such Releasees shall be entitled to recover attorney's fees and costs incurred in the defense of such lawsuit or cause of action, including any arising there from.

(_____) **Please initial when read**

3) GROUND TRANSPORTATION NOT MANDATORY. I understand that my use of ground transportation provided by the Releasees is optional and that I may provide my own transportation for my child if I choose to do so.

(_____) **Please initial when read**

4) WAIVER OF RIGHTS. I understand that by signing this document, I am giving up important legal rights, and it is my intent to do so.

(_____) **Please initial when read**

5) RULES AND CONDITIONS. I accept that all rules and conditions are subject to change without notice.

(_____) **Please initial when read**

WITNESS THEREOF I HAVE CAREFULLY READ THIS DOCUMENT, FULLY KNOW AND UNDERSTAND ITS CONTENT.

signature

date