



Rape Crisis Center

**RAPE CRISIS CENTER, INC.
ASSUMPTION OF RISK, RELEASE OF LIABILITY AND WAIVER**

By signing this Assumption of Risk, Release of Liability and Waiver (“Waiver”), I represent that it is my desire and intent to participate in the Program. As used in this Waiver, “Program” collectively means activities, sponsored and/or conducted by Rape Crisis Center, Inc., including, but not limited to, participation in GameChanger board meetings, committee meetings, training of trainers programs, and training/teaching events. I also represent that I have the authority to enter into this Waiver. I acknowledge that my participation in the Program may involve some known and unknown risks to my health and life. On behalf of myself and my heirs, I expressly and voluntarily assume any and all risks associated with my participation in the Program.

IN CONSIDERATION FOR ME BEING PERMITTED TO PARTICIPATE IN THE PROGRAM AND FOR ANY AND ALL OF THE ACTIVITIES THAT ARE OR MIGHT BE ASSOCIATED WITH THE PROGRAM, I RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE RAPE CRISIS CENTER, INC. OR ANY OF ITS OWNERS, SHAREHOLDERS, MEMBERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, PARENT COMPANIES, SUBSIDIARIES, AFFILIATES AND INSURERS (COLLECTIVELY, THE “RELEASED PARTIES”) FROM ANY AND ALL CLAIMS, DEMANDS, ACTIONS, CAUSES OF ACTION, LAWSUITS, EXPENSES OR LOSSES (INCLUDING ATTORNEYS' FEES) WHATSOEVER THAT COULD BE BROUGHT BY ME OR A THIRD PARTY ACTING ON MY BEHALF FOR NEGLIGENT ACTS OR OMISSIONS RELATED IN ANY WAY TO, OR ARISING OUT OF, THE PROGRAM. THIS WAIVER DOES NOT, HOWEVER, RELEASE THE RELEASED PARTIES FROM ANY LIABILITY OR DAMAGES ARISING FROM THEIR RECKLESSNESS OR INTENTIONAL MISCONDUCT.

I have considered that if this Waiver was not as broad as it is, I would have to pay for participation in the Program, and as I do not wish to pay for participation in the Program, I waive the right to bargain for different waiver of liability terms.

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Telephone: _____

If participant is under the age of 18, his or her **parent or legal guardian** must also sign:

I, (printed name) _____, am the parent or legal guardian of the participant who has signed above. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Waiver. I further consent to provide transportation to my participant to monthly meetings of the Program.

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Telephone: _____