

STUDENT ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY

Participant's Name _____ **Age** _____

Parent/Guardian's Name: (print) _____

As the parent/guardian of a minor enrolled in the Washington D.C. bus trip hosted by Pinckney Pro-Life, I acknowledge that traveling by bus to Washington D.C. involves certain risks and carries with them the potential for serious injury, and loss. I, and my child(ren) or ward(s) understand the inherent dangers of traveling by bus, which include collisions with natural hazards, other people, or objects. I HEREBY ASSUME THE RISKS OF INJURY, DAMAGE OR LOSS WHICH MY CHILD(REN) or WARD(S) MAY SUSTAIN AS A RESULT IN PARTICIPATING IN THE WASHINGTON D.C. BUS TRIP CONNECTED WITH OR ASSOCIATED WITH THE PINCKNEY PRO-LIFE TRIP.

All such risks being known and appreciated by me and my child/ward, I further acknowledge that these risks include risks that may be the result of the negligence of Pinckney Pro-Life, their employees, agents, hosts and volunteers. I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims, losses or liabilities that I have waived, released or discharged herein. I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any and all claims made or liabilities assessed against them as a result of (i) my child/ward's actions or inactions, (ii) the actions, inactions or negligence of others including those parties hereby indemnified; (iii) the conditions of the facilities, equipment or areas where the event or activity is being conducted; (iv) any other harm caused by an occurrence related to PINCKNEY PRO-LIFE.

FURTHER, I understand that any and all damages caused by my child(ren) or ward(s) shall be paid by me to owners of damaged items. I also realize that if my child(ren) or ward(s) fail to comply with acceptable rules of conduct, at the discretion of the trip leader(s), my child(ren) or ward(s) may be stopped from active participation (thus forfeiting all money paid) and I may be responsible for picking up my child(ren) or ward(s). Participation on future trips may also be prohibited. I understand that if my child(ren) or ward(s) is/are not at the bus stop at the stated departure times my child(ren) or ward(s) may be left behind and I would be

responsible for their transportation. I also understand that NO REFUNDS or CREDITS will be issued if my child(ren) or ward(s) miss the trip. I understand the terms for payment, deadlines and refund policies.

I UNDERSTAND that it is not recommended to leave any valuables on the bus because PINCKNEY PRO-LIFE cannot guarantee the integrity of all of its participants. Wallets, purses, CD players, etc. should be brought with you at all times. I UNDERSTAND THAT PINCKNEY PRO-LIFE WILL NOT BE RESPONSIBLE OR LIABLE FOR ANY LOST OR STOLEN ITEMS.

IMPORTANT! I UNDERSTAND THAT IF MY CHILD IS NOT AT THE BUS AT THE STATED DEPARTURE TIME, HE/SHE WILL BE LEFT BEHIND AND I WILL BE RESPONSIBLE FOR PICKING THEM UP!

I UNDERSTAND THE FOLLOWING CANCELLATION AND REFUND POLICIES FOR ONE-DAY TRIPS: There are NO Refunds for cancellations within 5 days of the trip. Cancellations credits (good for a future trip through the end of April 2010) will be: \$40 for Adults, \$30 for Teens. NO Credits for "Bus Only" registrations. NO REFUNDS OR CREDITS for Cancellations within 24 hours of a trip, REGARDLESS of the reason.

In the event of any emergency, I authorize Pinckney Pro-Life, its employees, agents, hosts and volunteers to secure medical personnel or a local licensed hospital any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

We have read, understand & agree to follow and be bound by the above standards, conditions & consequences.

Signature of Parent or Guardian

Date