

Authorization & Waiver

BY PARENT(S) OR LEGAL GUARDIAN(S) OF MINOR CHILD

Each of the undersigned parent(s) or legal guardian(s) of the minor child named below states as follows:

I am aware that normal and usual athletic and sports related activities have certain inherent risks and may cause injury to participants. However, I want my child to participate in The Alpine Education Foundation(AEF) sponsored **AEF's ReadyBreak Camp**, and I give my unqualified permission and consent for my child to participate in the **AEF's ReadyBreak Camp**, subject only to any specific limitations noted below.

My child has the necessary skills and is able to participate in all reasonably anticipated aspects of the **AEF's ReadyBreak Camp** except as noted below. The nature of the **AEF's ReadyBreak Camp** has already been fully disclosed to me, and any brochure, flyer or announcement relating to the **AEF's ReadyBreak Camp** is expressly made a part of this Authorization & Waiver.

I, on behalf of my child, hereby indemnify, release, hold harmless and forever discharge the Alpine Education Foundation and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my child's participation in any **AEF's ReadyBreak Camp** conducted by, on the premises of, or for the benefit of, the Alpine Education Foundation; *provided*, that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

This Authorization & Waiver is binding upon me, my heirs, executors, legal representatives, successors and assigns. The provisions of this Authorization & Waiver will continue in full force and effect even after the termination of the **AEF's ReadyBreak Camp** conducted by, on the premises of, or for the benefit of, the Alpine Education Foundation, whether by agreement, by operation of law, or otherwise.

This Authorization & Waiver is governed by the laws of the State of **California** and is intended to be as broad and inclusive as is permitted by that law. If any provision of this Authorization & Waiver is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective.

This Authorization & Waiver contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this Authorization & Waiver. The provisions of this Authorization & Waiver may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

Any claim or controversy that arises out of or relates to this Authorization & Waiver or the alleged breach of it, and which cannot be settled by the parties, will be settled by submission to the chapter of the American Arbitration Association or similar group nearest to the Alpine Education Foundation in accordance with its current rules and procedures.

In the event I cannot be reached, I authorize and direct any adult **AEF's ReadyBreak Camp** sponsor or group leader representing the Alpine Education Foundation to make emergency medical decisions for my child.

PLEASE PRINT

Name of Child: _____

Medical Conditions. My child is subject to the following allergies or medical conditions, and I authorize the Alpine Education Foundation to disclose such allergies or medical conditions to a physician in the event my child should require emergency medical care (describe allergies or medical conditions with specificity):

I am of lawful age and legally competent to sign this Authorization & Waiver. I understand the terms of this Authorization & Waiver and I have willingly signed it as my own free act.

Name: _____ Cell #: _____

Address: _____

Email: _____

I am the legal guardian/parent of the child named above:

Signature: _____ Dated: _____

Accepted on behalf of Alpine Education Foundation:

By: _____ Dated: _____