



SAU 21 KEEPERS Science Camp

Waiver of Liability

In consideration of my child's participation in the KEEPERS Program, I give this waiver of liability to School Administrative Unit #21 and its employees, agents, officers, directors, sponsors, volunteers, associates and affiliates.

I understand that there are risks, both foreseeable and unforeseeable to my child associated with the activities and other aspects of the KEEPERS program and that those risks include personal injury, emotional injury, psychiatric injury, loss of or damage to property, illness, disease, death, lost wages and earning capacity, lost enjoyment of life, and all manner of losses and injuries. I understand that some risks may relate to the actions and intentions of my child and that some risks may relate to the actions or intentions of others, including but not limited to negligent acts or omissions of the District and its officials, employees and volunteers. I am assuming these and all other risks so that my child can receive the benefits of attending the KEEPERS program. On behalf of my child, myself, and any other parent or legal guardian of my child, I hereby agree to defend, indemnify and hold harmless Administrative Unit #21 from any and all liabilities, claims, and damages, costs and expenses, including reasonable attorney's fees that may arise from or relating to my child's participation in the KEEPERS program. I intend this waiver of liability to be a complete and unconditional release of all liability on the part of School Administrative Unit #21 to the greatest extent allowed by law, and that it shall apply even to claims that are based on the negligence of the District, its officials, employees and volunteers.

Name of Parent/Guardian (Please Print)

Name of Child (Please Print)

Name of Parent/Guardian (Signature)

Date