

**CAPITAL ADOPTIVE FAMILIES ALLIANCE (CAFA)**

**Parental/Guardian Consent, Release and Waiver of Liability,  
Assumption of Risk and Indemnity Agreement**

**WAIVER AND RELEASE:** In consideration of my/my minor child(ren) being permitted to participate in any way in:

<b>All CAFA events</b>
------------------------

hereinafter called “The Activity,” I, for myself, my heirs, personal representatives or assigns, and on behalf of the minor participant(s) identified below, **do hereby release, waive, discharge, and covenant not to sue** CAFA and its officers, employees, agents, volunteers and funders, including the *COUNTY, its governing Board, officers, directors, officials, employees, and authorized volunteers and agents*, **from liability from any and all claims including the negligence of** CAFA and its officers, employees, agents, volunteers and funders including the County of Sacramento and its employees and agents, resulting in personal injury, accidents or illnesses including death, and personal property loss arising from, but not limited to, participation in The Activity.

**ASSUMPTION OF RISK:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my/my minor child(ren)’s participation is voluntary and that I knowingly assume all such risks which may result not only from the my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, or the condition of the facilities, equipment, or areas where The Activity takes place.**

**INDEMNIFICATION AND HOLD HARMLESS:** I agree to **indemnify and hold harmless** CAFA and its officers, employees, agents, volunteers and funders, including the *COUNTY, its governing Board, officers, directors, officials, employees, and authorized volunteers and agents*, from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, brought as a result of my involvement in CAFA activities, and to reimburse them for any such expenses incurred.

**SEVERABILITY:** I expressly agree that the foregoing waiver of liability, assumption of risk and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion thereof is held to be invalid, the enforceability of the remaining provisions shall not be affected.

**ACKNOWLEDGMENT OF UNDERSTANDING:**

**I have read this waiver of liability and indemnity agreement, and fully understand its terms and that I am giving up substantial rights, including my right to sue. I understand that this document relieves CAFA and its funders including the County of Sacramento and others from liability for negligence resulting in property damage, personal injury, disability, and death. I acknowledge and agree that I am signing this agreement freely and voluntarily, and intend by my signature for this to be a complete and unconditional release of liability to the greatest extent allowed by law.**

I/the minor child(ren) identified below are in good health and have no known physical condition that would prevent from participation in appropriate events or activities associated with The Activity.

\_\_\_\_\_  
PRINT NAME(S)  
(Participating Adult  
or Parent/Guardian/Conservator  
on behalf of a non-adult attendee)

\_\_\_\_\_  
SIGNATURE(S)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME(S) of Minor Participant(s)

---

(VOLUNTARY/OPTIONAL) I further understand and agree that:

- Photographs, pictures, slides, movies, voice, or videos may be taken in connection with participation in the activity without compensation from CAFA or the County of Sacramento, and I consent to the use of photographs, pictures, voice, names, slides, movies, or videos for any legal purpose.

\_\_\_\_\_  
PRINT NAME(S)  
(Participating Adult  
or Parent/Guardian/Conservator  
on behalf of a non-adult attendee)

\_\_\_\_\_  
SIGNATURE(S)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME(S) of Minor Participant(s)