

CAPITAL ADOPTIVE FAMILIES ALLIANCE (CAFA)

**Enrollment Form
Parental/Guardian Consent, Release and Waiver of Liability
and Indemnity Agreement**

WAIVER AND RELEASE: In consideration of my/my minor child(ren)'s enrollment and being permitted to participate in any way in CAFA activities, I _____,
(print name of adult participant) 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 of Sacramento and its employees 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, its governing Board, officers, directors, officials, employees, and authorized volunteers and agents*, resulting in personal injury, accidents or illnesses including death, and personal property loss arising from, but not limited to, participation in CAFA activities.

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.

PRINT NAME(S)
[Participating Adult
or Parent/Guardian/Conservator
on behalf of minor participant(s)]

SIGNATURE(S)

DATE

PRINT NAME(S) of Minor Participant(s)