

**Wavier of liability and Release
Pediatric Cancer Survivor Picnic**

PLEASE READ THE FOLLOWING CAREFULLY. If you have any questions, have them answered before signing this document.

In consideration of being permitted to participate in the activities related to equipment and activities of the **Kentucky Children's Hospital Pediatric Cancer Survivor Picnic**, I, _____, in full recognition and appreciation of the dangers and the risks inherent in such activities, do hereby waive, release, and forever discharge the **Kentucky Children's Hospital Pediatric Cancer Survivor Picnic** from and against any and all claims, demands, action or causes of action for costs, expenses, or damages to personal property or personal injury, or death, which may result from my participation in these activities.

I understand and admit that my participation in the **Kentucky Children's Hospital Pediatric Cancer Survivor Picnic** is voluntary. I assume full responsibility for any injuries or damages resulting from my participation in this activity, that my activity is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages.

I affirm that I am in good health. I further declare that I am physically fit and capable to participate in such activities. I also understand that this Waiver of Liability and Release binds my heirs, executors, administrators, and assigns as well as myself.

I acknowledge that I have read and understand this entire Wavier of Liability and Release, and I agree to be legally bound to it.

Participant's Name

Participant's Signature

Date

Witness

Signature of Parent or Guardian
If Participant is under 18 Years of Age