

**Klamath Tribal Health & Family Services
Activity Waiver**

Name of Participant #1: _____

Name of Participant #2: _____

Name of Participant #3: _____

Name of Participant #4: _____

Address: _____

Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

I am voluntarily assuming full responsibility for any and all risk, personal injury or property damage while participating in any Klamath Tribal Health & Family Services (KTH&FS) activity, whether or not I am under the supervision of KTH&FS personnel or volunteers. I hereby knowingly and intentionally waive and release, agree to indemnify and hold harmless and defend the KTH&FS and Klamath Tribes from any loss, damage or injuries incurred in connection with any KTH&FS activity.

I agree to abide by all rules and regulations set forth, current and future, and to comply with any and all requests made to me by KTH&FS personnel or volunteers. I understand that any violent, threatening, or disruptive behavior may result in my exclusion from current or future KTH&FS activities and/or police involvement when deemed warranted, in the sole discretion of the KTH&FS.

I have read and fully understand this form and am signing this form freely and voluntarily.

Date: _____

Signature of Parent or Legal Guardian