



## **Assumption of Risk, Waiver of Liability, and Indemnification Agreement**

I have read and understand all materials provided, including any program descriptions and conditions of participation, for the participation in the LSI Fellows Program (the "Program") for which my son or daughter is applying. I acknowledge that there are certain risks inherent in a number of the planned activities and programs, including injury to my child and the loss or damage of personal property. I understand the nature of the Program and accept any and all risk involved in my child's participation.

**I agree to release LearnServe International (LSI) and its agents and assigns for any and all liability and responsibility of any nature for any loss or damage to property or personal injury incurred by my child while participating in the Program, including all activities, travel and field trips related to the Program.** Any individual upon bringing legal action against LSI which results in a decision in favor of LSI will be responsible for all legal fees, court costs, and out of pocket expenses of LSI, its agents, and its assigns.

**I also agree to indemnify and hold harmless LSI and its agents and assigns for any and all claims and liability arising out of my child's conduct during the Program or any related activity, travel, or field trip.** I understand that I will be held responsible for any injury or damages resulting from my child's conduct, including personal injuries and damages to hotels, rental properties, and real or personal property. Jurisdiction for all legal action will be in the District of Columbia. I also understand that the Program or LSI will dismiss any student who disrupts the group or who violates the Conditions for Participation signed at the time of registration.

I am aware that medical services or facilities may not be readily available during the time my child is participating in this Program. I acknowledge that LSI does not provide health and accident insurance for participants in the Program and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify LSI in writing if my child has medical conditions about which emergency medical personnel should be aware.

(Only in the event that LSI has to take immediate medical action for your child and in the event we cannot reach you) As the parent or legal guardian having custody of the child named below, I hereby authorize and appoint adults in whose care the child has been entrusted (LSI Fellows Program), as my agent to act for me with respect to my child, and in my name in any way I could act in person to make any and all decisions for me with respect to my child concerning my child's personal care, medical treatment, hospitalization, and health care and to require, withhold or withdraw any type of medical treatment which may be rendered to my child under the general or special supervision and on the advise of any physician or surgeon licensed to practice in the state in which treatment is sought. By signing this document, I also agree to forever hold harmless the above-referenced adults from liability as a result of this medical treatment.

LSI reserves the right to cancel the Program for any reason. I understand that no parent or guardian will be reimbursed for any expenses resulting from the cancellation of the Program for any reason. Any money retained by LSI or reimbursed to LSI following the cancellation of the Program may be returned to parents and guardians. I also give permission to LSI to use audio/visuals featuring my child as well as his/her creative writing in promotional, documentary, research, and other educational publications.

I can be reached at the following number(s) for the duration of the Program:

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

I have carefully read this release and fully understand its terms.

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN TO BEFORE ME BY

\_\_\_\_\_, this day of \_\_\_\_\_

My commission expires:

Notary Public

[SEAL]