



AMERICAN COOPERATIVE SCHOOL

c/o AMERICAN EMBASSY

LA PAZ - BOLIVIA

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**9th and 10th Grade CWW Trip October, 2007
Liability and Release Agreement**

I acknowledge, appreciate, and agree that there are risks of injury associated with many of the activities that students will participate in during the 9th and 10th Grade CWW Trip, including but not limited to: campfires, initiative games, boating, fishing, wildlife viewing, handicrafts, and visiting the pampas and Madidi national park. These risks include, but are not limited to: weather-related injuries (hypothermia, hyperthermia, lightning, etc.), injuries from falls or falling objects, sprains, broken bones, insect bites, and so on. I know that by participating in the activities associated with this class I risk injury which could be serious, even fatal, and **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS** both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE INSTRUCTORS, CHAPERONES, GUIDES, OR OTHER STUDENTS.**

For myself and on behalf of my heirs, assigns, and next of kin, **HEREBY RELEASE, HOLD HARMLESS, AND INDEMNIFY** the American Cooperative School (ACS), its officers, agents and/or employees and instructors, **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH,** or loss or damage to property, **WHETHER ARISING FROM THE NEGLIGENCE OF ACS, THE INSTRUCTORS, CHAPERONES, GUIDES, OTHER STUDENTS, OR OTHERWISE.**

I HAVE READ THIS LIABILITY AND RELEASE AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT. IF APPLICABLE, I HAVE CONTACTED MY INSURANCE COMPANY WITH REGARD TO MY COVERAGE DURING THE TYPES OF ACTIVITIES LISTED ABOVE.

(If you have a medical condition that may affect your ability to safely participate in the activities associated with this class, please consult your physician before engaging in these activities.)

(Sign Name)

(Print Name)

(Date)

FOR STUDENTS UNDER 18

This is to certify that I, as parent/guardian of this student, do consent to his/her participation in the 9th and 10th Grade CWW Trip and to the conditions as stated above. I also consent and agree to his/her release as provided above, and for myself, heirs, assigns, and next of kin, release and agree to indemnify the American Cooperative School (ACS), its officers, agents and/or employees and instructors from any and all liabilities incident to my child's participation in the class, **EVEN IF ARISING FROM THE NEGLIGENCE OF ACS, THE INSTRUCTORS, CHAPERONES, GUIDES, OTHER STUDENTS, OR OTHERWISE.**

(Parent/Guardian Signature)

(Printed Name) (Telephone)

(Date)