



## ***RELEASE OF LIABILITY***

### ***READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS***

In exchange for participation in the activities organized by Wedgwood Drama Studio ("WDS"), and/or use of the property, facilities and services of WDS at 3524 NE 95th St., Seattle, WA 98115., Seattle, Washington, 98115, and Meadowbrook Pond and Meadowbrook Playfield- AKA "Annie's Playfield" (the destination of our walking field trip), I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by WDS, or the employees, representatives or agents of WDS.
2. I recognize that there are certain inherent risks associated with the above-described activities and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge WDS for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of WDS, whether caused by the fault of myself, my family, WDS or other third parties.
3. I agree to indemnify and defend WDS against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of WDS.
4. I agree to pay for all damages to the facilities of WDS caused by my or my family's negligent, reckless, or willful actions.
5. I consent to the participation in the above-described activities by any minor child(ren) indicated at the end of this release, and agree on behalf of said minor child(ren) to all of the terms and conditions of this release. By signing this Release of Liability, I represent that I have legal authority over and custody of the minor child(ren) so indicated.
6. In the event of an injury to the above minor during the above described activities, I give my permission to WDS or to the employees, representatives or agents of WDS to arrange for all necessary medical treatment for which I shall be financially responsible. With respect to this permission, WDS shall have the following powers:
  - a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;

- b. The power to authorize medical treatment or medical procedures in an emergency situation; and
  - c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.
7. Any legal or equitable claim that may arise from participation in the above shall be resolved under Washington law.

**I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.**

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name(s) of Participating Minor Child(ren):  
\_\_\_\_\_  
\_\_\_\_\_  
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