



INDIAN ASSOCIATION OF SOUTH SANTA CLARA COUNTY

Informed Consent and Liability Waiver Release for Participation in IASC activities

I agree and consent to the following:

I am voluntarily participating in this program conducted by IASC.

I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation.

I represent and warrant that I have no medical condition that would prevent my participation in the program. I agree to assume full responsibility for any risks, physical and mental injuries or damage known or unknown which I might incur as a result of participating in the program.

I knowingly, voluntarily and expressly waive any claim I may have against IASC, its Executive Board members and volunteers, for injury or damages that I may sustain as a result of participating in the program. I, my heirs or representatives forever release, waive, discharge and covenant not to sue IASC, The Executive Board members or other volunteers, for any injury or death caused by their negligence or other acts.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Print Name: _____

Date: ____/____/____

Signature _____