

Pediatric Therapy Network

Camp Escapades

Indemnity, Release and Waiver of Liability

Date: \_\_\_\_\_

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

I wish to contribute community service hours/work at Pediatric Therapy Network's Camp Escapades located at Seaside Elementary School, 4651 Sharynne Lane Torrance, CA 90505. I hereby agree to the following:

I understand that I shall participate at my own risk, and by signing this document I agree to hold Pediatric Therapy Network and their respective employees, representatives, and agents, harmless from any and all loss, costs, claims, injury, damage or liability sustained or incurred by me resulting from my participation and/or resulting from any act or omission of any agent, employee, or representative of Pediatric Therapy Network.

I understand the foregoing and agree to be bound by the terms hereof.

Signature: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

If under 18 years of age

Parent's or Guardian's Signature: \_\_\_\_\_

Print Parent's Name: \_\_\_\_\_

PTN Representative: \_\_\_\_\_