



# Ahnapee Regional Youth Apprenticeship

Kewaunee & Door Counties

College, Career & Community Ready

## ACCIDENT WAIVER AND RELEASE OF LIABILITY

I, \_\_\_\_\_ hereby assume all of the risks of participating in the Ahnapee Regional Youth Apprenticeship Consortium, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

In consideration of my application and permitting me to participate in this Work Based Learning program, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) **I WAIVE, RELEASE, AND DISCHARGE** from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from Work Based Learning location. **FOLLOWING ENTITIES OR PERSONS:** Ahnapee Regional Youth Apprenticeship Consortium staff and/or their coaches, agents, representatives or volunteers.
- (B) **I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE** the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this Work Based Learning program, whether caused by negligence or otherwise.
- (C) **I WAIVE, RELEASE, AND DISCHARGE** any and all liability associated with any medical conditions I may be diagnosed with or being treated for. I understand it is my accountability to communicate any necessary medical conditions to my manager at the Work Based Learning workplace and understand that the **FOLLOWING ENTITIES OR PERSONS:** Ahnapee Regional Youth Apprenticeship Consortium staff, nurses, and/or agents, representatives or volunteers are not liable for managing my medical treatment while at my Work Based Learning Location.

I consent and agree that the Ahnapee Regional Youth Apprenticeship Consortium and/or their staff, agents, representatives or volunteers may take photographs or digital recordings of me as a participant during this program and use these in any and all media for training or promotional purposes. I further consent that my identity may be revealed therein or by description text or commentary. I waive any rights, claims or interest and I understand that there will be no financial or other remuneration.

The accident waiver, release of liability and image release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.



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## PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 years old)

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL.

The Undersigned parent and or natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the Ahnapee Regional Youth Apprenticeship Consortium, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name: \_\_\_\_\_

Signature of Participant's Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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

## ADULT WAIVER (Over 18)

Print Participant's Name: \_\_\_\_\_

Signature of Participant's Name: \_\_\_\_\_

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

