Western Reserve Academy \\ 115 College Street \\ Hudson, Ohio 44236
Phone 330.650.4400 \\ wra.net

Western Reserve Academy Summer Program
Assumption of Risk, Waiver and Release from Liability

In consideration of my child, _____, being allowed to participate in the Western Reserve Academy Summer Program ("Summer Program"), and to use its facilities and equipment, in addition to the payment of any fee or charge, I hereby acknowledge and agree as follows:

1. I recognize and acknowledge that all Summer Program activities carry a certain risk of personal injury. In consideration of my child being allowed to participate in this experience and its related events and activities, on behalf of my child my heirs and assigns, my executor, my spouse, and myself, I hereby assume all risks in connection with the Summer Program and further release, waive, discharge, and relinquish any and all claims, judgments, liability *(of any nature or extent)* which may arise out of or related to my child's participation in the Summer Program and otherwise indemnify and hold harmless Western Reserve Academy, its Board of Trustees and all individual members, administrators and school officials, teachers, employees, agents and volunteers from any and all claims, judgments, and liability by or on behalf of my child, myself, and my spouse for any injury, loss, or damage(s) due to my child's participation in the Summer Program, including all risks connected therewith, whether foreseen or unforeseen.

2. Except as disclosed to the Summer Program in writing, I declare my child to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my child's participation in the Summer Program.

3. Western Reserve Academy reserves the right to preserve the experience of the Summer Program community by dismissing any participant whose behavior is disruptive to the program, for an infraction of program guidelines, or for any physically or emotionally inappropriate action/behavior without obligation to refund any part of tuition and costs for the program. I further understand that my child may not use, be in possession of, or distribute alcohol, tobacco, or other drugs. Failure to abide by this rule will result in his/her immediate dismissal. I understand that it is my responsibility to make arrangements for the immediate departure of my child should they be found in violation of these rules.

4. Western Reserve Academy routinely photographs, records and videotapes students during the Summer Program for the purpose of promoting, publicizing or explaining the Summer Camp Program. This includes, without limitation, posting images to the Western Reserve Academy's website, publishing such images in PR/promotional materials, and any other Western Reserve Academy-related publication. I consent to the use or reuse, by Western Reserve Academy, of my child's image, name, and likeness as described above at such time or times as Western Reserve Academy desires to use the same.

_____
Mother/Guardian Name Daytime Phone Cell Phone

_____
Father/Guardian Name Daytime Phone Cell Phone

_____
Mother/Guardian Signature Date

_____
Father/Guardian Signature Date