



HOLD HARMLESS / WAIVER AGREEMENT

This is my permission for _____ to participate in the TRANSITIONS' Programs/Activities. I understand that the DTA and outside activities are held at a variety of locations. I hereby, for myself, my heirs, executors, administrators, and assigns, assume all risk and waive any and all claims for injuries and release TRANSITIONS and their agents or assigns, from any and all injuries suffered by said person which may arise of or in connection with participation in any programs, unless such claim is a result of TRANSITIONS' intentional harm or gross negligence. I authorize TRANSITIONS staff to secure medical treatment, if necessary in the event of an emergency, and to dispense medication if required.

Parent, legal guardian or participant (if over 18)

Date

I also grant permission to TRANSITIONS to use the likeness, voice, words of the above in TV, newspaper, film/video, or other media, for the purpose of promoting TRANSITIONS.

Parent, legal guardian or participant (if over 18)

Date

I hereby, for myself, my heirs, executors, administrators, and assigns, assume all risk and waive any and all claims for damages caused to my personal electronic devices and release TRANSITIONS, their agents or assigns, from responsibility for any and all damages caused to personal electronic devices carried while attending TRANSITIONS' Programs/Activities.

Parent, legal guardian or participant (if over 18)

Date