RELEASE AND WAIVER OF LIABILITY
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

THE UNDERSIGNED is the parent or legal guardian of _____ (hereinafter referred to as "the Minor").
(Name of Participant)

THE UNDERSIGNED authorizes the Minor to participate in _____ (hereinafter referred to as "the Activity").
(List Activity with Specificity)

IN CONSIDERATION of being given the opportunity to participate in the Activity, on behalf of the Minor and the Minor's heirs, dependents, assigns and personal representatives, THE UNDERSIGNED:

1. HEREBY COVENANTS NOT TO SUE AND RELEASES, WAIVES, DISCHARGES AND RELEASES the Henry County Sheriff's Office, Henry County Commissioners, their members, officials, and any other employees, personnel or volunteers of the Henry County Sheriff's Office D.A.R.E. Program (the "Releasees") from all liability to the Minor or the Minor's Guardians for any and all losses or damages and any and all claims or demands therefore on account of injury to the person or property or resulting in death of the Minor, whether caused by the negligence of the Releasees or otherwise while the Minor is participating in the Activity;
2. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of the Releasees or otherwise while participating in the Activity; and
3. HEREBY AGREES TO HOLD HARMLESS AND INDEMNIFY Releasees for any liability sustained by Releasees as a result of any negligent, willful or intentional acts of the Minor, including any costs, expenses or attorney's fees incurred as a result of such acts.

THE UNDERSIGNED, on behalf of the Minor, authorizes Releasees to provide the Minor any transportation, food and/or lodging necessary for participation in the Activity.

THE UNDERSIGNED, on behalf of the Minor, authorizes Releasees, if necessary, to take the Minor to a doctor or hospital, authorizes medical treatment, including, but not limited to, emergency surgery, and assumes the responsibility for any and all medical bills.

THE UNDERSIGNED, on behalf of the Minor, agrees that if the Minor has an illness on the day of the Activity, the Minor may not be permitted to participate in the Activity.

THE UNDERSIGNED, on behalf of the Minor, consents to and authorizes Releasees to photograph and/or videotape the Minor while participating in the Activity.

THE UNDERSIGNED, on behalf of the Minor, waives any and all rights to such photographs and/or videotapes and waives any and all rights to privacy of the images captured on such photographs and/or videotapes.

THE UNDERSIGNED, on behalf of the Minor, expressly agrees that the foregoing Consent and Release is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion of the Consent and Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED, ON BEHALF OF THE MINOR, HAS CAREFULLY READ AND VOLUNTARILY SIGNS THE CONSENT AND RELEASE, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

_____
Signature of Parent/Guardian

_____
Name of Parent/Guardian (please print)

_____
Minor's Name (please print)

_____
Minor's Date of Birth

_____
Date Signed