

CANDLEWOOD KNOLLS CHILDRENS PROGRAM

Release, Consent and Waiver of Liability (“Waiver”)

I understand that by signing this Waiver, I am giving up important rights on behalf of myself and my child should my child become injured or ill in connection with his or her participation in the summer program offered by Candlewood Knolls Children’s Program (“CKCP”) and Candlewood Knolls Community, Inc. (“CK Community”) (together, along with each of their officers, directors, employees, agents and volunteers, “Candlewood Knolls”), in exchange for my child’s participation in the CKCP’s children’s program.

Acknowledgement of Risk.

I am aware of the risks associated with participating in the CKCP’s summer program, which include both foreseeable and unforeseeable injuries and illness, including but not limited to exposure to and illness from infectious diseases such as COVID-19. I understand that, although certain practices and procedures may reduce those risks, the risk of serious injury, illness and even death does exist. Nevertheless, I voluntarily elect to allow my child to participate in the CKCP’s summer program and do so knowing it may be hazardous to my child. I voluntarily assume full responsibility for any risks of loss or bodily injury to my child arising from his or her participation in CKCP’s summer program, whether or not such loss or bodily injury arises from my or my child’s own negligence, the negligence of Candlewood Knolls Community Inc., the exposure of my child to other children, counselors or adult supervisors or otherwise.

Acknowledgment of Good Physical Condition and Consent to Have Temperature Taken.

I acknowledge and represent that my child is in good physical condition and as of the Date of this Document free from contagious illness, and that I do not know of any medical or physical condition or other reasons that could interfere with the safety of my child or any other child, employee or volunteer. If during the course of the summer program I become aware of any such condition or reason or that my child is no longer free from contagious illness, I agree to notify CKCP immediately, and I understand my child may be prevented from attending CKCP’s summer program as a result. I also give permission for CKCP staff to take my child’s temperature whether or not illness is suspected. I will assume—and bear the cost of—all risks that may be created, directly or indirectly, by any such condition or illness, or by the failure to notify CKCP of any such condition or illness.

Release and Waiver of Liability: I expressly recognize and assume all risks associated with my child’s participation in the CKCP’s summer program. I, on behalf of myself, my minor child, my spouse and our respective heirs, assigns and personal representatives, voluntarily release, waive and discharge Candlewood Knolls Community Inc., its officers, directors and employees, and the Candlewood Knolls Community Children’s Program and its employees and volunteers, and hold harmless from any and all loss, liability, claim, damage, cost or expense relating to or arising from bodily injury or illness resulting from or in connection with my child’s participation in the CKCP’s summer program, or while in on or upon the premises where the CKCP’s summer program is being conducted. I further covenant not to sue Candlewood Knolls Community Inc., its officers and Directors and employees or The Candlewood Knolls Community Children’s Program its employees and volunteers and hold them harmless against any such loss, liability, claim, cost or expense.

Also attached to this waiver is a document entitled “Informed Consent” which the State of Connecticut mandates that every staff member, parent or guardian sign. Please read and sign the Informed Consent and return the signed copy with this Wavier.

I have read this Waiver, fully understand its terms and that I am giving up substantial rights by signing it, and sign it freely and voluntarily without inducement, intending to be fully bound by it.

Participant Name (Printed): _____

Parent or Guardian Name (Printed): _____

Signature of Parent or Guardian: _____

Date: _____

