



ABRACE, INC.
Brazilian Association of Culture and Education
A 501 c (3) organization
RELEASE FROM LIABILITY

The Undersigned Parent(s) or Legal Guardian(s) of _____, a minor child, do hereby grant permission for the said child to attend, engage, and actively participate in any and all of the various activities sponsored by ABRACE, Inc.

This consent also includes specific authorization for any of the adult activity leaders (staff or volunteer) to make any medical decisions with respect to said minor child in the event of accident or injury when parental consent shall be unavailable or when circumstances shall require immediate medical decision.

I / We verify that:

1. notice of this child's medical conditions, medications, or any other special needs which may require the leaders' attention have been provided on this form in the space below

_____;

2. this child is enrolled in a medical insurance program which will cover his or her medical expenses within the U.S., and that any medical expenses not so covered will be solely the responsibility of the parent(s) or legal guardian(s);

3. the parent(s) or legal guardian(s) will bear full legal and financial responsibility for this child, including, but not limited to, the obligation to pay for any debts he or she may incur, damage to property caused by this child, and separate transportation home in the event it becomes necessary.

I / we further verify that I / we will support the rules and boundaries set by the teachers and leaders who work with our child on behalf of ABRACE, Inc.

I / we recognize that certain activities involves some risk, and hereby indemnify, agree to hold harmless and to release the Fairfax County Public Schools, the McLean Baptist Church and ABRACE, Inc, its members, officers, employees, representatives, and agents including any and all volunteer leaders, and each of them, from any liability for any and all past, present or future claims or causes of action for personal or bodily injury or property loss arising out of any ABRACE's sponsored youth activities that are not due to the negligence of ABRACE's staff or volunteer leaders.

Signature of Parent / Guardian

Signature of Parent / Guardian

Name of Parent / Guardian

Name of Parent / Guardian

Date Signed

Date Signed

www.abracebrazil.org