**Hawk Mountain Sanctuary**



**1700 Hawk Mountain Road Kempton, PA 19529**

**Phone: 610-756-6961**

**Fax: 610-756-4468 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transportation Waiver and Release of Liability and Assumption of Risk**

**Program Activity:** Summer Camp (“Program Activity”)

**In consideration of being allowed to participate in the aforementioned Program Activity, I, on behalf of myself, and my participating child, acknowledge, understand, and willingly agree to the following:**

1. I understand that the Program Activity includes certain off-site field trips.
2. I hereby authorize and grant permission for my child to attend these off-site field trips under the supervision of Hawk Mountain Sanctuary staff.
3. I further hereby authorize and grant permission for Hawk Mountain Sanctuary to transport my child to and from these off-site field trips in a vehicle designated and driven by an approved staff member of Hawk Mountain Sanctuary.
4. I agree not to hold Hawk Mountain Sanctuary responsible for any items lost during these off-site field trips.
5. I, for myself, and on behalf of my child, and our assigns, heirs, successors or agents, hereby agree to accept and assume any and all risks associated with my child’s participation in traveling to and from and attending these off-site field trips in connection with the Program Activity and accept sole responsibility for any injury to my child therefrom, including but not limited, to personal injury, illness, disability, death, property damage, damage, loss, claim, liability, or expense of any kind (including attorneys’ fees).
6. I, for myself, and on behalf of my child, and our assigns, heirs, successors or agents, hereby expressly waive and release any and all claims, now known or hereafter known, against the Hawk Mountain Sanctuary, and its officers, directors, employees, agents, affiliates, volunteers, representatives, successors and assigns (collectively, “Releasees”) on account of personal injury, illness, disability, death, property damage, damage, loss, claim, liability, or expense of any kind (including attorneys’ fees), that my child may suffer arising out of or associated with my child’s participation in traveling to and from and attending these off-site field trips in connection with the Program Activity, whether caused by the negligence of the Hawk Mountain Sanctuary, Program Activity employees, volunteers, or third-party entities associated with the Hawk Mountain Sanctuary. I covenant not to make or bring any such claim against the Hawk Mountain Sanctuary and all other Releasees, and forever release and discharge Hawk Mountain Sanctuary and all other Releasees from liability under such claims.
7. If any portion of this agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect.
8. I represent and warrant that I am the parent or guardian of the child whose name appears below and that I have, as of the date hereof, taken all necessary actions to authorize the execution of this agreement and have the full power, authority, and legal right to execute, deliver, and perform the respective obligations under this agreement.

**I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS TRANSPORTATION WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT, I AM GIVING UP VALUABLE LEGAL RIGHTS AS STATED HEREIN. I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD AND/OR LEGAL WARDS, AND I REPRESENT AND WARRANT THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).**

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_

Printed name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Minor Participant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Adult Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_