



LIABILITY RELEASE AND WAIVER OF RESPONSIBILITY FORM

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. IF THERE ARE ANY QUESTIONS CONCERNING THIS DOCUMENT, CONTACT DONNA WHITE, PROGRAM DIRECTOR, AT 703-286-1408.

Participant's Name: _____ SSN: _____ Birthdate: _____

I, _____, desire my child: _____

to participate in the AnBryce Foundation programming (Saturday Institute and Camp Dogwood Summer Academy). By my signature below, I acknowledge that participation in all activities, including, but not limited to, transportation via car, chartered vans or buses, inherently involves risk of physical injury to my child. I, on behalf of myself and my child, do knowingly and voluntarily assume the risk of those injuries, regardless of the severity, which may occur as a result of my child's participation in any Field Trips.

I realize that participation in this activity is a privilege and not a right, and that the AnBryce Foundation/Camp Dogwood cannot offer participant's opportunities to participate in such programming if it must be financially responsible for injuries participants might suffer as a result of participating in all related activities, including, but not limited to traveling to and from activities like the Field Trips. Thus, in exchange for the privilege of participating, I CERTIFY THAT I AM FULLY RESPONSIBLE FOR MY CHILD'S PARTICIPATION IN THE ACTIVITIES OF THE ANBRYCE FOUNDATION/CAMP DOGWOOD, AND RELEASE AND FOREVER DISCHARGE THE ANBRYCE FOUNDATION, ITS PARTNERS, AFFILIATES, AGENTS, OFFICERS AND EMPLOYEES FROM ANY AND ALL CLAIMS, LIABILITY FOR BODILY INJURY, PROPERTY LOSS OR DAMAGE, OR WRONGFUL DEATH CAUSED FOR ANY REASON WHATSOEVER, INCLUDING NEGLIGENCE; GROSS OR OTHERWISE.

Further, I understand that this liability release and waiver of responsibility shall be effective as of the date hereof.

It is my responsibility to ascertain whether my child has/have any health conditions that make it inadvisable for them to participate. I am informed that the AnBryce Foundation/Camp Dogwood does not provide any medical, life or accident insurance for participants in its activities. The AnBryce Foundation strongly recommends that all participants be enrolled in a medical insurance plan in effect during the period of participation in any AnBryce Foundation related activity. I fully understand that I am personally responsible for all medical expenses, which I may incur as a result of treatment to my child received for injuries sustained by my child during their participation in the AnBryce Foundation's activities.

I am also informed that the participants in the AnBryce Foundation/Camp Dogwood activities travel to activities in privately owned vehicles for which the AnBryce Foundation/Camp Dogwood does not provide any insurance coverage. Further, when transportation is furnished voluntarily by me for the purpose of my child's participation in said activities, it is expressly understood that I will be solely responsible for any personal injury or damage to personal property of myself, passengers or other persons in traveling to and from any location necessary to participate in the activities. I understand that if my privately owned vehicle is used as transportation for my child or for other participants, I certify that my vehicle is covered under an insurance policy, which meets the minimum legal requirement in the Commonwealth of Virginia. I understand that coverage under the Virginia Department of Motor Vehicles or any other uninsured motorist fund is not acceptable.

With my signature, I grant my permission to the AnBryce Foundation, to use my and/or my child's name and reproduce my and/or my child's photograph and visual image for marketing material, including, but not limited to, paper reproductions and computer images displayed on the AnBryce Foundation website. I or my child will not now, or any time in the future, receive any compensation or have any claim against the AnBryce Foundation for the use of my or my child's name or reproduction of pictures or visual images in its marketing material.

I, the undersigned, am at least 18 years of age and hereby certify that I voluntarily sign this release, that I have read all of its provisions, and fully understand its significance.

PARENT/GUARDIAN SIGNATURE

DATE