CROSSROADS
Youth & Adult Services

WAIVER OF LIABILITY / RELEASE OF LIABILITY

Crossroads Day Services LLC / Crossroads Youth and Adult Services dba

Legal Guardian's Full Legal Name: _____

Guardian's Date of Birth: _____

Participant's Name: _____

Acknowledgment and Assumption of Risk

I, _____, the undersigned legal guardian, acknowledge that participation in programs, services, or activities provided by Crossroads Day Services LLC / Crossroads Youth and Adult Services dba involve inherent risks, including but not limited to physical injury, illness, or other unforeseen hazards.

I fully understand these risks and voluntarily agree to allow the individual named above to participate. I assume full responsibility for any risk of bodily injury, illness, death, or property damage arising out of or related to participation, whether caused by negligence or otherwise.

Release and Waiver

In consideration of participation, I, _____, on behalf of myself, the participant, and our heirs, executors, and assigns, hereby release, waive, discharge, and hold harmless Crossroads Day Services LLC / Crossroads Youth and Adult Services dba, its directors, officers, employees, volunteers, and agents from any and all claims, liabilities, demands, or causes of action, whether known or unknown, arising out of or related to the participant's involvement in the program or activity.

Medical Treatment Authorization

I, _____, authorize Crossroads Day Services LLC / Crossroads Youth and Adult Services dba to obtain medical treatment for the participant in the event of an emergency if I cannot be reached. I understand that I am responsible for all medical costs incurred as a result of such treatment.

Photography / Media Release

I, _____, consent to the participant being photographed or videotaped for promotional, educational, or documentation purposes related to Crossroads Day Services LLC / Crossroads Youth and Adult Services dba programs and services.

Acknowledgment of Understanding

I, _____, have read this Waiver of Liability / Release of Liability, fully understand its terms, and sign it voluntarily with full knowledge of its legal significance.

Printed Name of Legal Guardian:_____ Date: _____

Signature Name of Legal Guardian:_____ Date: _____

Signature of Carey Ofahengaue:_____
Program Director