



### **CAA Walking Club Policy & Release Form**

- This is an optional and voluntary activity led by CAA parent volunteers.
- Walkers need to be fully independent or have a care provider with them at all times.
- Walkers will convene at a pre-determined time, but they may not necessarily stay together during walking due to the nature of medical conditions and rates of pacing.
- Any student with a medical condition needs to be supervised by a parent/care provider at all times.
- All participants need to sign the CAA Walking Club Policy & Release Form before signing.
- Transportation needs to be pre-determined for all participants as there will be no direct supervision before/after the activity.

I ACKNOWLEDGE that I have carefully read this waiver and release and FULLY UNDERSTAND THAT I AM WAIVING ANY AND ALL RIGHTS that I may have to bring a lawsuit in which I could assert a claim against The College of Adaptive Arts, Inc. and all the other persons mentioned for ANY DAMAGES CAUSED BY THE NEGLIGENCE OF THE AFOREMENTIONED PARTIES.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

For Parents/Legal Guardians of The College of Adaptive Arts, Inc. students:

I ACKNOWLEDGE that I have carefully read this waiver and release on behalf of my child or ward and FULLY UNDERSTAND that it is a RELEASE OF LIABILITY. I acknowledge that I AM WAIVING ANY AND ALL RIGHTS that my child or ward may have to bring a lawsuit against The College of Adaptive Arts, Inc. and all the other persons mentioned above for ANY DAMAGES CAUSED BY THE NEGLIGENCE OF THE AFOREMENTIONED PARTIES. I hereby CONSENT TO THE TERMS OF THIS WAIVER and allow my child or ward to participate.

Parent/Legal Guardian Signature: \_\_\_\_\_

\_\_\_\_\_ Parent \_\_\_\_\_ Legal Guardian

Date: \_\_\_\_\_