OLYMPIC GAMES WAIVER
Cape Fear Valley Kids With Diabetes

PARTICIPATION ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS and RELEASE AND INDEMNITY AGREEMENT

In Consideration of the services of Cape Fear Valley Kids With Diabetes, and each of their respective agents, employees, officers, directors, trustees, affiliates, representatives, independent contractors, volunteers (including consulting physicians), and any and all other persons or entities acting under their direction and control associated with them (collectively referred to as “CAPE FEAR VALLEY HEALTH SYSTEM”), participant (and parent of guardian of a participant) acknowledges and agrees as follows:

ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS

I understand that participant and parents share the responsibility for participants’ safety, for managing the risks and for determining the participant’s suitability for the program in which he/she will participate. I have accurately completed any required CAPE FEAR VALLEY KIDS WITH DIABETES OLYMPIC GAMES rules, regulation and policies. My child has no mental or physical problems or limitations that might affect my child’s ability to participate that have not been disclosed to CAPE FEAR VALLEY KIDS WITH DIABETES in writing, I have had the opportunity to ask questions about the program activities and the risks of the program in which my child will participate.

I understand and acknowledge that the program(s) in which my child will participate has risks and it is impossible to anticipate every activity in which my child will engage. The activities will depend on the program but may be physically strenuous. These activities may be instructional, educational, or adventurous and may include but are not limited to: running, jumping, archery, shot put, and hamster ball racing. I understand that my child may engage in other activities not listed above. Activities may take place in North Carolina. Participants may also be in urban or other areas with exposure to individuals who are not under CAPE FEAR VALLEY KIDS WITH DIABETES’s supervisions or control. The planned program may be modified for any number of reasons, including convenience, weather, emergencies or unexpected conditions.

It is impossible to know or list ever risk associated with every activity. Some, but not all, of the risks my child may encounter include: unpredictable or harsh weather; lightning exposure to extreme temperatures (high heat or cold); drowning; wild animals and marine life; improper or malfunctioning equipment; slipping, falling or being struck by objects or persons; risks caused or complicated by any mental, physical or emotional conditions any participant may have; physical contact with other participants or other individuals; and other natural or man-made hazards. Another risk is the potential misjudgment by CAPE FEAR VALLEY KIDS WITH DIABETES instructors, volunteers, other staff members, co-participants or contractors related to my child’s participation, including but not limited to decisions regarding my child’s physical condition and capabilities, weather, water, terrain, route or medical treatment. All of these risks are inherent to the activities in CAPE FEAR VALLEY KIDS WITH DIABETES program, which means that they cannot be changed or eliminated without alerting the essential elements of the activity.

I Acknowledge that participating in a CAPE FEAR VALLEY KIDS WITH DIABETES program involves inherent risks and other risks, hazards and dangers including some not listed above that can cause or lead to death, injury, illness, property damage, mental or emotional trauma, or disability. Furthermore, activities may take place several hours of days from any medical facility or where communication, transportation, or evacuation is subject to delay. I understand that CAPE FEAR VALLEY KIDS WITH DIABETES cannot assure my child’s safety and does not seek to eliminate all of these risks of the activities of my child’s CAPE FEAR VALLEY KIDS WITH DIABETES program, whether inherent to not whether described or not.

Parent/Guardian Initials: ________________  Participant Initials: ________________