



Learning Disabilities Association of Simcoe County



YOUR COLLEGE · YOUR FUTURE

Liability Waiver

I, _____, will be participating along with my child, _____ in the Learning Disabilities Association of Simcoe County (“LDASC”) Assistive Technology Camp held at Georgian College. In doing so, I agree to comply with all of the rules and regulations which have been established by the Association and Georgian College or that will be requested or imposed by the Camp Trainers. I understand that failure to do so may result in the termination of our right to continue participating in the Assistive Technology Camp. I agree that it is my responsibility to act in such manner as to be responsible for my own safety and that of my child while participating in the Camp.

I acknowledge and agree that in consideration of the LDASC and Georgian College permitting my child and me to participate in the Camp, services are provided without any liability of any nature on behalf of the LDASC or Georgian College and all actions to be preformed by my child or myself are at our own risk.

On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless the LDASC and Georgian College and their volunteers, agents, officers, directors, boards, officials, representatives, servants or employees, from any and all claims, causes of action, or demands of any nature due to our participation in the Assistive Technology Camp, including but not limited to accidents, injuries, death loss or damage to person or property, howsoever caused, arising out of our participation notwithstanding that the same may have been contributed to or occasioned by the negligence of the LDASC or Georgian College, or any of their volunteers, agents, officers, directors, boards, officials, representatives, servants or employees.

Signature _____

Date _____

Witness _____

Date _____

I, _____, understand that public relations are an important part of the LDASC and Georgian College. On behalf of myself, my heirs, personal representatives and executors, I allow the LDASC and Georgian College to use my name and my child _____’s name, any photographs, films, videotapes or other visual representations taken of me or my child using at the Assistive Technology Camp for the use in public relations efforts for their own purposes only. We do not rent, sell or trade our mailing lists or information.

Signature _____

Date _____

Witness _____

Date _____

