



WAIVER

PERMISSION TO OBTAIN MEDICAL TREATMENT ON MY BEHALF

Should I or the person for whom I am the legal guardianship, become injured or ill, I give permission for Bridging Bionics' program facilitator(s) to render First Aid, initiate CPR if needed, and to seek emergency medical services as they see fit, and at my cost.

Name (Print)

Signature

Date



VOLUNTEER RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Bridging Bionics' programs, related events, and activities, the undersigned releases from liability Bridging Bionics for all liability, as further described below:

1. Agree that prior to participating, I will inspect the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I will immediately advise Bridging Bionics of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result from my or another person's actions, inactions or negligence, the rules of play, or the condition of the premises or any equipment used. Further, there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Bridging Bionics, their representative administrators, directors, agents, trainers, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the program, related event, or activity, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
5. I will maintain clients' privacy to the highest standards and may use or disclose their personal health information only for the purposes of carrying out treatment, evaluating the quality of services provided and any administrative operations related to treatment, and only to Bridging Bionics or to other persons providing care to clients on a need-to-know basis.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

Volunteer's Name (Print)

Signature

Date