

**Minor
Waiver of Liability and Hold Harmless Agreement**

Bridges Outreach, Inc. (“Bridges”)

In consideration of the opportunity afforded to Participant to participate in the activity described below the signatory freely and voluntarily accepts the terms of this agreement without reservation and understands this is a legally binding document.

1. I am the parent or legal guardian for _____, (“Participant”), who intends to participate in the activity described below following the execution of this agreement.

2. I am fully aware of the risks and hazards associated with the distribution of food, toiletries, clothing and other goods to the homeless community (“Run”).

3. In consideration of Participant being allowed to participate in the Run, I hereby release, hold harmless and forever discharge Bridges, its respective directors, officers, agents, volunteers and employees (“Releasees”) from all claims, causes of action, or demands of every kind which I may have in the future or that any person claiming through me may have in the future against any Releasee by reason of any injury to any person, including death or property damage, in connection with Participant’s involvement in the Run. As Participant will receive clear benefit from this Run, I specifically intend this waiver to preclude liability caused by the negligence or conduct of Releasees.

4. Further, I agree to indemnify and hold harmless Releasees from any liability that Releasees may incur due to the Participant’s involvement in this activity, and also assume the risk of traveling to and from the site of the Run.

5. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by the Participant as a result of being engaged in such Run. This waiver contemplates a wide range of risks including but not limited to those relating to travel, preparation, participation, terrain, weather, eating and sleeping arrangements, and any and all other circumstances relating to the Run.

6. I certify that Participant is in good physical health and is physically able to participate in the Run. In the event of illness or injury, I hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I further agree to bear the cost of all medical care and procedures required.

7. I hereby release Bridges, its respective directors, officers and employees from any claim arising out of any medical treatment that the Participant may receive.

8. I understand that Bridges assumes no liability for personal injuries, including death, or property damages to Participants or third persons arising out of a Run, except to the extent imposed by New Jersey law.

9. I agree and understand that during such Run(s), Participant specifically agrees to comply with all reasonable directions and instructions by the Bridges Run Coordinator during the course of the Run(s).

10. I acknowledge that I have received, reviewed and understand the Bridges video concerning safety procedures and that I have further reviewed those safety procedures with Participant.

11. I intend this agreement to bind my spouse, Participant, family, heirs, assigns, and personal representative and shall be deemed as a release, waiver, discharge and covenant not to sue the Releasees.

12. IN SIGNING THIS AGREEMENT I AGREE THAT I HAVE READ THIS WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, UNDERSTAND IT, AND SIGN IT VOLUNTARILY; THAT I AM AT LEAST EIGHTEEN YEARS OLD AND FULLY COMPETENT; NO ORAL STATEMENTS APART FROM THIS AGREEMENT HAVE BEEN MADE; AND I EXPRESSLY AGREE THAT THIS RELEASE IS INTENDED TO BE AS BROAD AS PERMITTED BY THE LAWS OF THE STATE OF NEW JERSEY.

Signature of Parent/Guardian

Date

Name of Participant

Address

Emergency Contact:

Telephone Number

Additional Medical Information

Health Insurance Company _____ Policy # _____

Group Name on Insurance Coverage _____

Telephone number or other contact information shown on insurance card

Will the participant be taking any prescription medication or over-the-counter medication of any type? _____ If yes, please explain.

Please provide any additional information for any medical conditions

