**OPERATION REBIRTH CHRISTIAN ACADEMY**

# Assumption of Risk and Waiver Agreement for Agricultural Activities

Agricultural activities include but are not limited to learning to care for horses, cows, pigs and other animals, operating equipment, welding, blacksmithing, woodworking and butchering under the supervision of Operation Rebirth staff

**Assumption of Risk:** I understand that allowing my son to take part in Operation Rebirth’s Agricultural Program exposes him to many hazards and dangers. Participation in the Agricultural Program will be under the supervision and teaching of Operation Rebirth Staff members and volunteers. I understand that participation in the activities listed above will expose my son to risks of death, personal injury and loss of or damage to personal property. By signing this document, I choose, in spite of these risks, to allow my son to participate in the Agricultural Program at Operation Rebirth and assume all risk of injury and loss of life and loss of or damage to property arising out of such participation.

**Waiver:** I hereby assume all risk of injury, illness, death and loss of or damage to my son’s property arising out of his participation in the Agricultural Program at Operation Rebirth, Inc. I specifically release and forever discharge Operation Rebirth and Operation Rebirth’s officers, agents, and employees from any and all liability or claims for any injury, illness, death or loss of or damage to property which my son may suffer while participating in the Agricultural Program. This release and discharge specifically includes, but is not limited to, liability or claims for injury, illness, death or damage caused by the negligence of the Operation Rebirth staff, or others involved in the program, including officers, volunteers and employees.

In signing this document, I fully recognize that if injury, illness, death or damage occurs to my son or his property while engaged in the Agricultural Program, I will have no right to make a claim or file a lawsuit against Operation Rebirth or Operation Rebirth’s employees or officers, even if they cause my son’s injury, illness, death or damage through negligence.

I have carefully read this agreement and understand its contents. I am aware of this waiver and release of liability and I sign it voluntarily.

Parent or Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_