

**RESPIRE NIGHT**

**WAIVER AND RELEASE**

***YOU MUST HAVE THIS FORM COMPLETED AND SIGNED IN ORDER TO PARTICIPATE***

The Autism Society, Tidewater Virginia is a locally funded, non-profit 501 (c) organization. The Autism Society, Tidewater Virginia compensates the Bounce House for facility use fees and participant fees in order to provide families respite night. I am aware that activities (such as jumping, climbing, sliding, running, etc.) can be hazardous. Participation in Respite Nights, including the use of the Bounce House’s facility, premises, and equipment, shall be at the sole risk of the undersigned. The undersigned hereby waive(s) any claims, demands, damages, actions, or causes of action whatsoever, past, present or future known or unknown, arising out of or related to any loss, damage, or injury. The undersigned agrees to complete, sign, and adhere to the Bounce House’s terms in their Waiver Release. The undersigned understands that the Autism Society, Tidewater Virginia, the Autism Buddies, and all other volunteers involved are not liable for any claims.

I further release, indemnify, and hold harmless the Autism Society, the Autism Buddies, and all other volunteers, from and against any and all liabilities, claims, demands, costs, losses, expenses, or compensation of whatever nature in connection with any loss, damage, or injuries to persons and property caused or sustained by me and my child(ren).

I certify that I am the parent, legal guardian, supervisor, or responsible person of the following minor child(ren):

Child’s Name	Age	Child’s Name	Age
Child’s Name	Age	Child’s Name	Age

I have read the Waiver and Release form provided by the Autism Society, Tidewater Virginia and understand the terms outlined. I also agree to sign the Bounce House Waiver and Release Form.

Parent Signature	Date	Contact Number
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