

WAIVER OF LIABILITY

In partial consideration of the willingness of St. Benedict at Auburndale and the Catholic Diocese of Memphis to allow its facility to be used by The Dyslexia Foundation of Memphis, of which my child is a participant, the undersigned parents or guardians of the child(ren) listed below, acknowledge that St. Benedict at Auburndale and the Catholic Diocese of Memphis shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury or injuries to me, my child(ren), or property, from any cause or caused whatsoever while in or upon the campus of St. Benedict at Auburndale during any and all functions of The Dyslexia Foundation of Memphis held on said premises.

I further agree to indemnify and hold harmless St. Benedict at Auburndale and the Catholic Diocese of Memphis from all liabilities, charges, expenses (including counsel fees) and cost on account of or by reason of any such injuries, liabilities, claims, suits or losses however occurring or damages growing out of same.

Children: _____

Signed this _____ day of _____, 20____

Parent or Guardian _____

RELEASE

I, individually, (and/or as parent, and/or guardian of the named minor) for and in consideration of the acceptance of my application to enter and my receiving permission from The Dyslexia Foundation of Memphis, hereinafter called "Foundation", to participate in the succeeding Dyslexia Summer and/or Saturday School, do hereby release, remise, waive, surrender and forever discharge The Dyslexia Foundation of Memphis together with all of their officers, agents, officials, directors, supervisors, tutors and employees, collectively hereinafter called "Foundation", from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of or related to any injury, illness, loss or damage, including death, relating to participation in the succeeding Dyslexia Summer and/or Saturday School.

I further agree that in the event of any injury or emergency requiring medical attention that if I am assisted by the Foundation in receiving treatment and willingly accept such treatment that I will in no way hold the Foundation responsible for the consequences of my treatment of any problem resulting there from, whether administered by the Foundation or a third party called by the Foundation. Should I become unconscious or unable to give my consent for medical treatment and it becomes necessary for the Foundation to render assistance or have a third party administer medical treatment, I agree not to hold the Foundation responsible for the consequences of my injuries or any claims, losses or damages arising there from. I further agree that I will be responsible for any medical bills incurred in my treatment, and will not hold the Foundation responsible therefore.

Student(s) and/or Tutor(s) name(s): _____

Signature of parent(s) if under 18: _____ Date: _____