



LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

The undersigned, parent/legal guardian of _____ ("Minor") on behalf of Minor, and in consideration of participation in Spanish classes, agree to:

1. Indemnify and hold AMIGOS DE PALO ALTO LLC, its agents, officers, members, and employees harmless and release them from any and all liability for any injury which may be suffered arising out of, or in any way connected with participation in these classes.
2. Prior to participating in the classes, I will inspect the facilities, equipment and areas to be used and, if I believe any of them are unsafe, I will immediately advise the person supervising the area.
3. Assume any and all risks of personal injuries, including medical or hospital bills, permanent or partial disability, and damage to property, caused by or arising from Minor's participation in this activity.
4. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against AMIGOS DE PALO ALTO LLC, its agents officers, members, and employees, attributable to Minor's participation in the classes.
5. Release, waive, discharge and relinquish AMIGOS DE PALO ALTO LLC, its agents, officers, members, and employees from any liability, loss damage, claim, demand or cause of action against them arising from or attributable to Minor's participation in the classes, whether the same shall arise by their negligence or otherwise.
6. I authorize AMIGOS DE PALO ALTO LLC, its agents, officers, members, and employees, or other representative of AMIGOS DE PALO ALTO LLC, to use his/her judgment in obtaining immediate Medical Care for Minor. These persons have my permission to take my son/daughter to the hospital or dentist for the treatment of injury. (Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.)
I agree to assign all expenses to my own medical insurance in the event of any injury sustained by Minor requiring medical attention while participating in AMIGOS DE PALO ALTO.
7. I acknowledge that AMIGOS DE PALO ALTO provides Spanish classes and that this program is a licensed childcare program. .

THIS DOCUMENT RELIEVES AMIGOS DE PALO ALTO LLC, ITS AGENTS, OFFICERS, MEMBERS, AND EMPLOYEES, AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTOOD THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

Print Name: _____

Signature: _____ DATE: _____