

Décharge

(Remplir impérativement)

I,, acting also as the parent or the guardian of the minors listed herein, do hereby give my authorization and consent to emergency medical and/or dental treatment, including surgery if necessary to be rendered in the event I or the minors listed herein require medical and /or dental treatment of any kind, while engaged in any activity conducted by or sponsored on behalf of Miami Accueil.

I further agree that, in consideration of my child and/or ward's participation in all Miami Accueil activities, I hereby release Miami Accueil, its officers, directors, volunteers (jointly and separately referred to as "Miami Accueil") from any and all liability including but not limited to medical and other health care expenses, for any injury or damage to me, my spouse, child or ward occurring during the times when I, my spouse, my child or ward, are participating in Miami Accueil activities, even if the injury or damage is caused in whole or in part by the negligence, gross negligence or other fault of Miami Accueil.

I hereby agree to indemnify, hold harmless and defend Miami Accueil from any claims by any persons or entity for loss, liability, damage, injuries, costs (including attorney's fee) that may result from my participation, my spouse's, my child's or ward's participation in Miami Accueil activities, if the injury damage is caused in whole or in part by negligence, gross negligence, or other fault of my spouse, child, ward or myself.

Signature:

Date: