



USCGC ACACIA (WLB-406) "Ace of the Lakes" Overnight Education Program

WAIVER AND RELEASE OF LIABILITY

I have voluntarily chosen to participate in and/or permit my child/children to participate in, the following described activity:

Touring and sleeping overnight on the retired USCGC ACACIA on [DATE] on Lake Michigan at the AMERICAN ACADEMY OF INDUSTRY in Cook County, Illinois.

THIS ACTIVITY INCLUDES EMBARKING AND DISEMBARKING FROM A GANGWAY ONTO/OFF OF THE DECK OF THE CUTTER; TOURING THROUGH DIMLY LIGHTED COMPARTMENTS AND NARROW PASSAGEWAYS BY MEANS OF STEEP STAIRS AND LADDERS; SLEEPING IN SMALL BUNKS IN CONFINED SPACES. SUCH ACTIVITY MAY INVOLVE PITCHING OR ROLLING OF THE CUTTER AS IT LIES DOCKSIDE; EXTERIOR SURFACES MAY BE WET AND/OR SLIPPERY.

I CERTIFY THAT I AM AWARE THAT THE ACTIVITY INVOLVES A CERTAIN LEVEL OF RISK NOT NORMALLY ENCOUNTERED, AND THAT I VOLUNTARILY ASSUME ALL RISKS ASSOCIATED WITH SUCH ACTIVITY.

AS CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN THIS ACTIVITY, I HEREBY VOLUNTARILY RELEASE THE AMERICAN ACADEMY OF INDUSTRY AND ANY AND ALL OF ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND REPRESENTATIVES FROM ANY CLAIMS FOR PERSONAL INJURY OR PROPERTY DAMAGE ARISING OUT OF OR CONNECTED WITH MY OR MY CHILD'S/CHILDREN'S PARTICIPATION IN SAID ACTIVITY, WHETHER SUCH INJURY OR DAMAGE WAS CAUSED BY NEGLIGENCE OR OTHERWISE, AND I HEREBY VOLUNTARILY WAIVE MY RIGHT TO MAKE A CLAIM AGAINST OR SUE FOR SUCH INJURY OR DAMAGE.

I have carefully read this Release of Liability Agreement & fully understand its contents. I sign this document of my own free will.

Child/Children's Names (Please Print)

Child/Children's Date of Birth

Four horizontal lines for entering child names.

Four horizontal lines for entering child birth dates.

[Signature of custodial parent]

[Date]

[Printed Name]