LITHUANIAN SCOUTS ASSOCIATION, INC.
AGREEMENT TO RELEASE **Child under 18 years of age**

Print Name of Child _____

Born on: _____
Month/Day/Year

Home Address: _____

_____

_____

We (I) hereby grant permission for our (my) child or children named above to fully participate in the programs provided by the Lithuanian Scouts Association, Inc., in Cleveland, Ohio. We (I) understand, agree and acknowledge that the Lithuanian Scouts Association, Inc., Lakeshore Intergenerational School and Breakthrough Schools, Saint Casimir Parish (18022 Neff Rd., Cleveland, Ohio), Rev. Joseph Bacevice, pastor, the Diocese of Cleveland and/or the bishop of said diocese, and/or their respective directors, officers, employees or volunteers cannot assume any responsibility for any injury, damage or harm which might result during the course of any activity during scout activities or traveling to or from such activity, and we (I) hereby release the Lithuanian Scouts Association, Inc., Lakeshore Intergenerational School and Breakthrough Schools, Saint Casimir Parish , Rev. Joseph Bacevice, pastor, the Diocese of Cleveland and/or the bishop of said diocese and/or their respective directors, officers, employees or volunteers from any and all liability for any claim or lawsuit arising out of such injury, damage or harm.

In consideration of permitting our (my) child to participate in the Lithuanian Scouts Association, Inc. activities, we (I) agree that such responsibility for our (my) child will remain with us (me), as the parents, parent or guardian of our (my) child. Should any claim be asserted by any person as a result of the acts of our (my) child while participating in any activity during said scouting activities or traveling to or from such activity, or should our (my) child assert any claim or lawsuit against the Lithuanian Scouts Association, Inc., Lakeshore Intergenerational School and Breakthrough Schools, Saint Casimir Parish , Rev. Joseph Bacevice, pastor, the Diocese of Cleveland and/or the bishop of said diocese, and/or their respective directors, officers, employees or volunteers, we (I) agree to indemnify and hold the Lithuanian Scouts Association, Inc., Lakeshore Intergenerational School and Breakthrough Schools, Saint Casimir Parish , Rev. Joseph Bacevice, pastor, the Diocese of Cleveland and/or the bishop of said diocese, and/or their respective directors, officers, employees and volunteers harmless from any such claim or lawsuit, including attorney's fees and costs incurred in defense thereof.

We (I) further authorize medical treatment of our (my) child, in the event of illness or injury sustained in our (my) absence while our (my) child is participating in the activities of the Lithuanian Scouts Association, Inc..

Signed on this_____day of _____, 20_____A.D.

Signature of Parent or Guardian _____

Signature of Parent or Guardian _____

Address of Parent or Guardian _____

_____

_____

PARENTS' INSURANCE COVERAGE

Insurance _____

Account # _____

ID # _____

Received on _____20___

By:

(For administration use only)