



**Discovery Gateway
Acknowledgement and Assumption of Risks and Liability**

On behalf of _____, its executors,
(Name of Organization)
administrators, parents, students and representatives, we hold Discovery Gateway (DG) and all of their officers, agents, employees and volunteers harmless for any liability including; but not limited to, injury, death, or property damage associated with any member of our group/organization while participating at DG. Furthermore, I indemnify DG for any child's actions associated with their visit to DG.

We also agree that if we have any reason, or DG has any reason, to question the physical or mental ability of a child associated with our group/organization to participate in the visit/program at DG, that we will acquire a physician's opinion prior to the visit/program and make this information available to DG. We further understand that we take full responsibility for all personal property of our group/organization during the course of the visit/program at DG.

In the event of an emergency, we will authorize DG to obtain or provide medical care for any member of our group/organization or to seek transportation to a medical facility. We understand that DG assumes no responsibility for any medical care provided to any member of our group/organization and we agree to assume all costs associated with such treatment and transportation.

We, _____ have carefully read and
(Name of group/organization)
understand this document and acknowledge that it shall be effective and binding upon our group/organization and its executors, administrators, parents, students, and representatives.

I, _____ on behalf of _____
(Name of responsible party/group leader) (Name of group/organization)
hereby acknowledge my full permission to participate in the visit/program at Discovery Gateway.

Signature

Date