

**Dane County Neighborhood Intervention  
CSU/EISU  
RELEASE, WAIVER OF LIABILITY AND EXPRESS ASSUMPTION  
OF RISK AGREEMENT**

In consideration of my child \_\_\_\_\_, participating in the Groups, Activities, Events, sponsored by the Dane County Neighborhood Intervention Program in coordination with Dane County Department of Human Services on 2008/2009, I understand that although my child may be in an office setting, my child may also be riding in the personal auto or county owned auto of a Dane County employee, and that my child may be driven from the facility located at 1227 N. Sherman Avenue to various sites with the Dane County employee.

I understand that being a passenger in a motor vehicle involves certain risks including serious bodily injury and even death, and that these and other risks may be caused by the actions or inactions of my child, the conditions existing at the time, the negligence of the Releasees named below or others; and that there may be other risks either know or unknown or not foreseen at this time; and I fully accept and assume all such risks and all responsibility for losses, costs and damages incurred as a result of my child's participation in the DCNIP Events/Activities.

I hereby release, discharge and covenant not to sue Dane County or any member, employee, agent or official of Dane County, from all liability, claims, demands, losses, or damages caused or alleged to be caused in whole or in part by the negligence of the Releasees. This release, waiver of liability and express assumption of risk does not apply to liability, claims, demands, losses or damages arising out of the gross negligence, intentional, willful, or wanton misconduct of Releasees. If I or anyone on my or my child's behalf makes a claim which does not arise from the gross negligence of, or intentional, willful or wanton misconduct of Releasees against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage or cost which may incur as a result of such claim.

**I acknowledge that I have read this release, waiver of liability and express assumption or risk agreement and that I fully understand it.**

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date