



RELEASE OF LIABILITY Hope Delivery Systems, Inc.

I, parent/guardian of _____
("child"), desire for my child to voluntarily participate in the social skills groups provided by Hope Delivery Systems, Inc. I represent that I am knowledgeable of this activity and the risks of personal injury to my child that be associated with the activity. Notwithstanding these risks, I wish to assume them by voluntarily allowing my child to participate in this activity during the summer 2010 session.

I understand and agree that Hope Delivery Systems, Inc., accepts no responsibility for my child's acts or the acts of others while he/she is participating in this activity.

In consideration of Hope Delivery Systems, Inc. offering this opportunity and allowing my child to participate in this activity, the receipt and sufficiency of said consideration being hereby acknowledged, I hereby do release, relieve, discharge and hold harmless Hope Delivery Systems, Inc., its officers, trustees, employees, and representatives from any and all liability, whether for personal injury, property damage, or otherwise, arising out of or in connection with participation in this activity.

By signing below, I acknowledge that I have read and understand the Release of Liability.

Date

Parent/Guardian

Parent/Guardian Name (Print)

Date

Witness