

Waiver of Liability/Proof of Insurance: *I hereby give my permission for my child to participate in a D.C. Everest Community Services Youth program with the knowledge that he/she is not covered by school insurance. I further agree to provide health/accident insurance under a family plan in the event of any injury while my son/daughter is participating in this program. We do waive all claims and liabilities we now or may in the future hold against the Community Services Office, coaches, supervisors, and/or employees.*