



Depression and Bipolar
Support Alliance

Princeton
Chapter

DBSA Princeton RELEASE OF LIABILITY

I HEREBY ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I, AND MY CHILD, AGREE TO RELEASE AND HOLD HARMLESS DBSA PRINCETON AND ITS FACILITATORS, EMPLOYEES, DIRECTORS, OFFICERS, SERVANTS, VOLUNTEERS AND AGENTS (the "DBSA RELEASED PARTIES"), AS WELL AS THE UNIVERSITY MEDICAL CENTER OF PRINCETON AT PLAINSBORO, AND ITS EMPLOYEES, DIRECTORS, OFFICERS, SERVANTS, VOLUNTEERS, AGENTS, AND LANDLORD (the "MEDICAL CENTER RELEASED PARTIES") FROM ANY AND ALL LIABILITY ARISING OUT OF OR RELATING MY CHILD'S PARTICIPATION IN THE DBSA PRINCETON teen/young adult support group meeting PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT.

Please return to DBSA PRINCETON or a support group meeting facilitator by your child's first support group meeting. Without this Release of Liability, your child will not be able to attend any support group meetings. Parents are to remain on meeting premises for the entire time teen is in meeting.

I understand that I am allowing my child, _____, to participate in a DBSA PRINCETON teen/young adult support group meeting. This meeting is voluntary and a privilege. In consideration of that privilege, I am signing this Release of Liability and agree to be bound by the terms and conditions herein.

I understand that participating with the DBSA PRINCETON teen/young adult support group meeting will involve meeting with assigned support group facilitators. I understand that there may be risks associated with my child's participation in this program of which I may not be presently aware. I further understand that by signing this release, I am accepting complete and full responsibility for the transportation of my child to and from any and all DBSA Princeton support group meetings and will remain on site and be responsible for their well-being during meetings.

By signing this Release, I expressly assume any risks on behalf of my child whether such risks are known or unknown to me at this time. I further release the DBSA RELEASED PARTIES and the MEDICAL CENTER RELEASED PARTIES from any claim that I may have or my child may have against them as a result of any physical injury or illness sustained by my child while participating in this program. This release of liability shall include, without limitation, any claims for negligence or breach of warranty that I may have against the DBSA RELEASED PARTIES and the MEDICAL CENTER RELEASED PARTIES . This release of liability is also intended to cover all claims that members of my family or my estate, heirs, representatives, or assigns may have against the DBSA RELEASED PARTIES and the MEDICAL CENTER RELEASED PARTIES , except to the extent that a claim might be based upon the sole and exclusive gross negligence DBSA PRINCETON support group facilitators, I further agree to indemnify and hold harmless the DBSA RELEASED PARTIES and the MEDICAL CENTER RELEASED PARTIES from liability resulting from the participation by my child in this program.

If my child experiences injury or illness while with DBSA PRINCETON support group facilitators or while attending a support group meeting. I authorize DBSA PRINCETON support group facilitators and/or DBSA PRINCETON, or hospital personnel to obtain medical or other emergency assistance, as they deem appropriate, and I agree to pay all costs associated with such services.

Parent / Guardian Signature: _____ Date: _____

Phone: _____ Cell: _____ Email: _____

Name of Participating Child (Please Print): _____ Age: _____

Address of Participating Child: _____

****PARENT / GUARDIAN TO REMAIN ON MEETING PREMISES FOR THE ENTIRE TIME MEETING IS BEING HELD.**