

## Permission Form/Release of Responsibility

**NOTE: BY AGREEING TO THIS WAIVER AND RELEASE, YOU ARE GIVING UP SUBSTANTIAL RIGHTS. YOU HAVE THE RIGHT TO AND ARE ENCOURAGED TO SEEK LEGAL ADVICE BEFORE SIGNING.**

Participant's Name \_\_\_\_\_

I hereby give my permission for any designated representative of Williamsburg Unitarian Universalists to escort the above named participant from the premises of Williamsburg Unitarian Universalists at 3051 Ironbound Road, Williamsburg Virginia (or such other location as agreed to by me) via any form of public or private transportation to Washington, DC for the purpose of participating in the Women's March on Washington trip planned for January 21, 2017. **I am aware of the risks associated with participating in activities of this type and elect on behalf of the participant to participate in spite of and with full knowledge of these risks. Therefore, the Participant and I assume and accept the inherent risks of participating in such activities and agree to hold Williamsburg Unitarian Universalists and its designated representative harmless in the event of my accident, injury, incarceration, death, or personal loss. The participant and I also agree to hold Williamsburg Unitarian Universalists and all of its volunteers, affiliates, officers, directors, trustees, employees and agents not liable for, release them from all liability whatsoever, and agree not to sue them in connection with any claims, causes of action, injuries, damages, cost or expenses arising out of my participation in the Women's March on Washington trip and related activities. The participant and I acknowledge that this release shall be effective and binding upon myself, my heirs, assigns, and personal representatives. I understand and confirm that by signing this Waiver and Release, the participant and I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, and under no duress. My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability to the full extent of the law. If any portion of this waiver and release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I am 18 year of age or older and mentally competent and legally qualified to enter into this waiver and release on behalf of the participant and myself.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Date