

# Waiver

## G4-HVLA Ski Weekend

I waive all claims against the Cooperative Extension Service, Georgia 4-H Volunteer Leader Association, Extension Personnel and Volunteer leaders for any injury to persons or damage to property as a result of the my (or my child's) participation in this activity. Further, I understand that the 4-H American Income Life Insurance Policy only covers the amounts and areas as specified in Plan I (one) of the policy for accidents while skiing. All other expenses incurred due to injuries which occur on the slopes must be paid by the injured party's insurance or by the injured party.

\_\_\_\_\_  
Signature of Parent (or adult participant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of 4-H'er

\_\_\_\_\_  
County

