

**ALABAMA INSTITUTE FOR DEAF AND BLIND  
(AIDB) LIABILITY RELEASE:**

\_\_\_\_\_ (Participant) will participate in the AIDB Summer Camp Programs. I acknowledge the risks and potential for risks of camp activities. However, I feel that the possible benefits to my child/ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against AIDB, its Board of Directors, instructors, therapists, aides, volunteers, and/or employees for any and all injuries and/or losses which my child/ward may sustain while participating in this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant, Parent, or Guardian

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