



**KARINA**  
ASSOCIATION  
A B I L I T I E S   R I S I N G

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## **PARTICIPANT WAIVER**

The undersigned voluntarily agrees to participate in the Meaningful Day services sponsored by Karina Association.

The undersigned recognizes that Karina Association Inc has not undertaken any duty or responsibility for his or her safety and the undersigned agrees to assume the full responsibility for all risk of bodily injury, death, disability, and property damage as a result of participating in the Meaningful Day services.

By my signature, I hereby state that I understand the risks involved in participating in the program activities in the community; same as in paragraph one and willingly and voluntarily accept these risks. By my signature, I hereby surrender any right to seek reimbursement from Karina Association and its directors, officers, employees, volunteers and other agents for injury sustained and liability incurred during my participation in the activity described above. By my signature, I warrant that I am not relying on any oral representations, statements or inducement apart from the statements made on this form.

By signing below, the parties confirm that they have read, understand, and consent to the terms of this waiver agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
[Nonprofit] Representative Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date