



**Desert View Family Counseling  
Waiver of Liability and Consent to Participate**

I, \_\_\_\_\_, parent of \_\_\_\_\_, understand and agree that the officially sponsored activities of Desert View Family Counseling involve certain known risks, including, but not limited to, transportation accidents, personal injuries, and loss or destruction of my personal property.

I understand and agree that Desert View Family Counseling cannot be expected to control all of these risks.

***I will be participating in: Juvenile Accountability Court Community Services***

I hereby expressly and knowingly release desert view family counseling, its officers, agents, volunteers, and employees from any and all claims and causes of action i may have for property damage, personal injury, or death sustained by me, arising out of any travel or activity conducted by or under the auspices of desert view family counseling, whether caused by my own negligence or the negligence of desert view family counseling, its officers, agents, volunteers, or employees.

I hereby consent to any medical treatment that may be required during my participation, with the understanding that the cost of any such treatment will be my responsibility, regardless of whether such damages, injury, or death are caused by my own negligence or the negligence of Desert View Family Counseling, its officers, agents, volunteers, or employees.

I have read and understood this document, and my signature evidences my intent to be bound by its terms.

Participant's Name: _____ (Please print)
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If you are under 18 years of age, Parent/Guardian name:

\_\_\_\_\_  
(Please print)

Signature: _____	Date: _____
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