



Congressional Award

Public Law 96-114, The Congressional Award Act

PARTICIPANT WAIVER

Participant Name (print) _____ **Date of Birth** _____

(Participant's full name should match the name provided on the online registration. Failure to match names may result in an incomplete registration).

Thank you for registering for The Congressional Award. **You may begin counting activities as of today's date. You will receive your registration packet within 4-6 weeks** of completing your registration through the steps below. In the meantime, the complete Record Book is available online for you to begin planning your activities and goals with your Advisor. **Please do not re-register. You only need to register once for the program.**

In order to complete your registration and receive your registration packet, you must:

- Print and sign this waiver.** If you're under the age of 18, please have your parent/guardian sign as well.
- Include the \$25.00 registration fee** (check or money order made payable to *The Congressional Award*)
- Mail this waiver AND registration payment to:**
The Congressional Award | PO Box 77440 | Washington, DC 20013

Waiver and Agreement

I agree to the following Congressional Award ("Program") rules and requirements:

- I will select the activities I will perform in order to earn a certificate or medal.
- I will not attempt to perform any activity until I have made certain that I can perform it safely.
- No one is authorized by the Program to: (i) advise as to the safety of any activity or as to whether I am prepared to perform it safely, or (ii) supervise or exercise any control or authority over me or any other participant.
- I hereby release and hold harmless each of the individuals and legal entities involved in the Program from any and all liability of any kind for any injury I might suffer while performing any activity in connection with the Program.
- Information about me and my participation in the Program may be publicized by the Program.
- This agreement shall remain in effect as long as I am participating in the Program.

Participant Signature _____ Today's Date ____ / ____ / 20 ____

Participant Name (print) _____

Parent/Guardian Acknowledgement* (Required for participants not considered adults under state law, generally those under 18 years old).

- We are the parents or legal guardians of The Congressional Award participant listed above. We have read the foregoing waiver and agreement and agree on behalf of ourselves and the participant to the terms thereof. We will assure ourselves that the participant is aware of the risk involved in each activity and we take full responsibility in lieu of the Program for each activity.

Parent/Guardian Signature _____ Date ____ / ____ / 20 ____

Parent/Guardian Name (print) _____