

# Pegasus Springs Education Collective

## Parent/Guardian BOLT Permission, Release, Indemnity, and Hold Harmless Agreement

Name of the Activity or Event: [BOLT Student Leadership Program](#)

Date and Location of Activity or Event: [June 22-June 25, 2025 / Walt Disney World, Orlando FL](#)

In this document, "Agreement" means this Permission, Release, Indemnity, and Hold Harmless Agreement. "Event" refers to all the activities associated with and/or incidental to participation in the Event indicated above, including travel to/from/during the Event (including air travel). The undersigned executing this Agreement is voluntarily participating in the Event and hereby assumes all risks for the undersigned and/or undersigned's child/student participating in this Event, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Agreement will be used by the event holders, sponsors, and organizers of the Event in which I may participate, and that it will govern actions and responsibilities at said Event. I certify that I and/or my child/student is physically fit, has been sufficiently prepared for participation in Event, and has not been advised to *not* participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my or my child's/student's participation in this Event. I hereby consent for me and/or my child/student to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this activity or event. If medical treatment is needed as a result of participation in this activity or event, travel to and from the activity or event (including air travel), or any activity incidental to this event, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware that there is no health insurance coverage associated with this event or activities and that I should carry my own health insurance. In consideration of my and/or my child's/student's application and permitting participation in this event, I hereby take action for my student, myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I HEREBY WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my or my child's/student's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Pegasus Springs Education Collective, and its directors, coordinators, group leaders, volunteers, and agents.

(B) I HEREBY INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all loss, damage, cost, and liabilities or claims made as a result of participation in this Event, whether caused by the negligence of release or otherwise. I agree to hold Pegasus Springs Education Collective and its directors, coordinators, group leaders, volunteers, and agents harmless from any and all claims, loss or damage to person, personal property, liabilities and costs, including attorney's fees, as a result of participation in the Event and its activities, including travel to/from/during the Event (including air travel).

I acknowledge that Pegasus Springs Education Collective and its directors, officers, volunteers, representatives, and agents are NOT responsible for lost or stolen personal items while participating in the Event—or any errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of Pegasus Springs Education Collective.

I acknowledge that this Event may involve a test of a person's physical and mental limits. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for chaperones and volunteers.

I understand and agree that if an attendee begins to have Covid or flu-like symptoms during the event, that the attendee must notify chaperones and may need to refrain from sessions so as to not infect any other participants or resort guests. (COVID rapid-test kits and face masks will also be available if requested.) I also understand and agree that for everyone's safety, continued participation in the event requires that attendees adhere to all guidelines and expectations of both the event coordinators and the event venue.

I understand that if participating in this Event or related activities, I and/or my child/student may be photographed. As a participant in the event or activity, I agree to allow my and/or my child's/student's photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

This Agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

THE UNDERSIGNED HAS CAREFULLY READ THIS AGREEMENT, UNDERSTANDS ITS CONTENT, AND SIGNS AS THE UNDERSIGNED'S OWN FREE ACT. BY SIGNATURE, THE UNDERSIGNED AGREES TO THE TERMS OF THIS AGREEMENT.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Phone

\_\_\_\_\_  
Student Phone (if applicable)