

RELEASE AGREEMENT

The Student identified below desires to participate in activities conducted by the Devil's Canyon Wilderness Program ("DCWP"), operated by St. Stephen's Episcopal School ("School"). I, as parent/guardian of Student, desire that the School allow Student to participate in DCWP activities. Student and I understand that the activities of the DCWP can and often do involve inherently dangerous activities, conditions or situations, and that there are aspects of DCWP programs that the School cannot always control. These include, but are not limited to, risks inherent in the activities themselves, weather and natural occurrences and hazards, dangerous wildlife, and acts or errors or mistakes of others engaged in the DCWP programs and/or third persons encountered during the course of Student's preparation and participation in the same. By signing this Release Agreement, I certify that I have read all written materials provided to me by the St. Stephen's DCWP regarding the nature and extent of the inherent risks of the activity or activities in which Student will engage, and that I am fully aware of all the inherent risks associated with such activity or activities, including the risk of serious physical injury or death of Student. In consideration of the faculty supervisors accompanying Student during such activities, I, on behalf of myself, Student, and our respective heirs, executors, administrators and assigns, do hereby fully and forever release, hold harmless and agree to indemnify the St. Stephen's DCWP, St. Stephen's Episcopal School, its employees and agents, as well as their respective representatives and successors, for liability for any and all claims of any kind (including costs, expenses and attorney's fees) that Student, any other parent or guardian of student, or I may have, for or as a result of any and all injuries, losses and/or damages sustained by Student while engaged in any DCWP activity, including those caused, in whole or in part, by the negligence or misfeasance of Student, other student participants in DCWP activities, and any negligent action or omission taken in good faith by the DCWP, its supervisors and/or employees or agents of School.

Student Name: _____ (please print)

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Pleas fax this letter back to Mike Davis 512-327-1311 or mail it to Mike Davis, 2900 Bunny Run, Austin, TX 78746. Both parents need to sign this document.