

**Waiver of Liability**  
**Kiwanis Club of Castle Pines Foundation**  
**Second Wind Fund of Douglas County**  
**Please mail to: 571 South Taft Street, Lakewood, CO 80228, or**  
**fax to 303-982-2209.**

We, \_\_\_\_\_ (“Student”), and \_\_\_\_\_ (“Parent/Guardian”), waive and release any claim that Student or Parent/Guardian may have against Second Wind Fund, Inc., the Kiwanis Club of Castle Pines Foundation, their Officers and Directors, or their agents for any negligence, claim, injury or damages whatsoever. This Waiver and Release is being made in exchange for the counseling services which the Kiwanis Club of Castle Pines Foundation will be paying for through its Second Wind Fund account. I understand that Second Wind Fund, Inc., and the Kiwanis Club of Castle Pines Foundation will only be funding such services; and that no employee, Officer or Director of Second Wind Fund, Inc. or the Kiwanis Club of Castle Pines Foundation will be providing services or treatment. I further understand that the treatment professionals to whom referrals may be made are independent professionals who are neither employees nor agents of Second Wind Fund, Inc. or the Kiwanis Club of Castle Pines Foundation.

This Waiver is made freely and voluntarily, and I acknowledge that I have read this Waiver and understand it.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date