



Authorization & Release Form

IMPORTANT! THIS FORM MUST BE COMPLETED TO PARTICIPATE

Name of Participant: _____

I, _____ the parent or legal guardian of the minor child, give permission for my child to participate in the LOVE PEACE AND MAKEUP FONDATION self-esteem workshops.

I also understand that as a participant, my child will have the option of engaging in various teaching activities which contain a potential risk of physical injury. I represent that my child is in good physical condition and able to participate fully in the activities except as may be described below*. I assume the risk for my child by allowing him/her to voluntarily participate in the activity.

I understand and agree that the Foundation accepts no responsibility for my child's acts or the acts of others while participating in this activity. I will not seek to hold other participants liable for any injuries incurred by my child in connection with the activity whether caused by equipment or the acts or omission of others except damage or injury solely caused by the willful misconduct or negligence of the participants, or their employees, students or agents.

Furthermore, in consideration of the Parties allowing my child to participate in this activity, I do agree to and hereby do release, discharge, hold forever harmless and indemnify the Parties, their trustees, agents, officers, servants, students and employees against loss from any and all claims of ordinary negligence, demands, rights, or causes of action of any kind or nature that may hereafter at any time be made or brought by my child, by me or anyone on my behalf, or by any other person having a legal interest therein from or by reason of any and all known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by my child, in consequence of any accident or injuries on the premises of one or more of the participants or in connection with the activity, except such liability or claim of liability as may result from gross or intentional negligence on the part of the Parties. Said indemnification shall include, but not be limited to, court costs and attorneys' fees.

Furthermore, I agree to indemnify the Foundation for any loss or damage to the premises, facilities, or equipment of the Foundation caused by my child.

If my child should suffer an injury or illness while participating in this activity, or any other activity associated with the event, I authorize the employees/students of the Foundation to use their discretion to have my child treated at an appropriate health care facility and I hereby take full responsibility for that action and the costs thereof.

I further grant and convey unto Love Peace and Makeup Foundation all right, title and interest in any and to all photographic images and video or audio recordings and all copies thereto made during my child's participation in the activity, including but not limited to, any royalties, proceeds or other benefits derived from such photographs or records. Please list any physical condition(s) of which the volunteers/officials should be aware of on the line below.

PLEASE READ BEFORE SIGNING

By signing below, I acknowledge that I am 18 years of age or older and understand that I am entitled to have an attorney of my own choosing to review the release prior to signing. I have read the foregoing Release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of ordinary negligence as defined above resulting from the participation in this activity by my child. This release is governed by California law in Santa Clara County. IF THE PARTICPANT IS NOT 18 YEARS OF AGE OR OLDER, THIS RELEASE MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.

SIGNATURE OF PARENT/LEGAL GUARDIAN:

DATE:

RELATIONSHIP TO CHILD:

Child's D.O.B.:

WITNESS SIGNATURE:

DATE:

*ACTIVITY EXCEPTIONS OR PHYSICAL CONDITION(S):