

Girls Leaders/Living Her Legacy
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I, as the Parent/Legal Guardian (circle one) print name _____, HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH (print high school students name) _____,

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 while student is traveling to and/or from home, or to and/or from activities because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which our student may participate, and that it will govern our students actions and responsibilities at said activity.

In consideration of my students application and permitting her to participate in this activity, I hereby approve my student to participate and accept responsibility for (print students name) _____ and we take action for our student, and do not hold liable the executors, administrators, community participants, and assigns as follows:

(A) I 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 death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to our student including traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: _Girl Leaders Facilitator/Executive Director of Living Her Legacy; community participants, and/or the classroom facility management and/or the directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and/or volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that they are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a student's involvement in community/civic volunteer experiences. The risks include, but are not limited to, those caused by travel to classroom, field trips, internship facilities, temperature, weather, condition of participants, equipment, vehicular traffic, and actions of other people including, but not limited to, participants, volunteers, monitors,

and/or producers of the activity. These risks are not only inherent to participants, but; are also present for facilitators and volunteers.

I hereby consent to my student receiving medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity, after I have been notified and given permission to do so.

I understand while participating in this activity, I may be photographed or in a video. I agree to allow the photo in video, emails, information brochures, newsletters or film likeness to be used for any legitimate purpose in marketing materials, social media and/or on the website by the activity holders, producers, sponsors, organizers, and assigns. Only the students first name will be used in our marketing, if you agree.

____ (place your initials here if you agree your student can be photographed for purposes stated above)

____ (place your initials here if you do not want your student to be photographed for purposes stated above)

____ Paste your initials here if you agree that your students first name only maybe used at times in marketing materials to share their interest in our programs and a brief description of their dreams for future.

____ Paste initials here if you do not agree that your students first name only maybe used at times in marketing materials to share their interest in our programs and a brief description of their of dreams for future.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

____ (place your initials here) I understand that I may revoke this authorization at any time by notifying the Releasee in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them.

____ (place your initials here) I understand that all documentation with my student's name will be kept under double lock in a secure location with the Living Her Legacy organization.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_ (On behalf of- Print Participants Name Here

Date

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Printed Name _____
(Parent or Guardian must sign for any PSD/TR2J or other school district student participating regardless of age.)

