

# CONSENT/MEDIA FOR YOUTH PARTICIPATION

CHILDS NAME: \_\_\_\_\_

I hereby request and consent that my child or ward, \_\_\_\_\_  
CHILD'S NAME

be permitted to participate in the Mini-Relay Recess activities on , **May 21, 2015**. I understand the following:

- I agree that no school employee nor the American Cancer Society® associated with the event will be held responsible for any injuries or damages occurring while my child is participating in the Mini-Relay activities. I do hereby hold harmless the sponsoring agencies, their officials, divisions and agents against any and all liability, damage, loss, claims or demands which arise out of or are in any way connected with my child or ward's participation in the event.
- I hereby authorize any official of the event or designated chaperone to consent to emergency medical treatment as necessary for the health and safety of my child. I further agree that no official or volunteer will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I do hereby agree to indemnify and hold harmless the sponsoring agencies, their officers, divisions and agents from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorney's fees, which arise out of or are in any way connected with the provision of such emergency medical services.

The nature of this youth event has been reviewed with me and I hereby give my approval. I further grant permission for (CHILD'S NAME) \_\_\_\_\_ to appear in person or in voice, video or photographic presentation for radio, television, or print media reports and/or media campaign(s) resulting from participation in the Mini-Relay.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_