



Participant Waiver and Media Release Form

I represent that I am the parent or legal guardian of the participant(s) named below or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf. I agree that I and the participant(s) named below will comply with all stated safety guidelines, rules and verbal instruction as conditions for participation in any programs offered by Innovation for Youth, LLC. I hereby agree to accept all financial responsibility and give consent for any medical, surgical or dental attention required to maintain the health and well being of the below named participant(s). I agree to release Innovation for Youth, LLC, and its owners, affiliates, agents, employees and other participants from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all Innovation for Youth, LLC programs, activities and the use of its curriculum, instructional tools and materials. I am aware that there are inherent risks associated with participation in Innovation for Youth activities and on behalf of myself and participant(s) named below, knowingly and freely assume all such risks, including those that may arise out of negligence of instructional staff and of other participants.

I, the undersigned, hereby authorize Innovation for Youth and its representatives to photograph and video me and my child's participation in Innovation for Youth's programs and I authorize the use of any such photographic or electronic reproductions of us for any purpose, including, but not limited to educational and other public media and I understand that I may be identifiable from such photographic or electronic reproduction.

Parent/Guardian Name _____

Participant Name _____

Participant Name _____

Street Address _____

Phone Number _____

Email Address _____

I would like to be added to the Innovation for Youth mailing list yes no

Parent Signature _____ Date _____