



2020 MLK National Day of Service Waiver Form

As the named and signed individual on the reverse form, I am consenting for myself and my named guardian children permission to freely participate and volunteer in the 2020 Long Beach MLK National Day of Service activities at Seaside Park (Long Beach) and any other designated activity sites

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent/guardian children, which might arise directly or indirectly as a result, and or participation in the day' activity. I hereby expressly release, discharge and hold harmless from any liability whatsoever the Leadership Long Beach organization and all employees and volunteers in their capacities as representatives of **Leadership Long Beach, the City of Long Beach, the Port of Long Beach, Habitat for Humanity for Greater Los Angeles** and any other sponsors/supporters of the 2020 Long Beach MLK National Day of Service event, expressly including, but not limited to, the Board of Directors of Leadership Long Beach, city officials, executives/directors/staff of sponsors or supporters, except for injuries caused intentionally or by willful misconduct.

I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same may be binding not only for me, but my heirs, administrators, executors, successors, and assigns. I declare for myself, and/or for the minor/s, that he/she is physically sound and medically approved to participate in activities of Leadership Long Beach.

HEALTH STATEMENT

I, the undersigned, understand that participation will include physical activity. To the best of my knowledge, for myself and my dependent/guardian children is in good physical health and needs no restrictions for strenuous activity. If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform Leadership Long Beach of any restrictions on my child's activity. I give the Leadership Long Beach staff permission to authorize needed medical treatment from a qualified medical practitioner for my child in the event of an emergency and I cannot be reached.

PHOTOGRAPHIC / VIDEO / RECORDING RELEASE / WEB

I hereby give Leadership Long Beach, it's successors, and assigns, the absolute and irrevocable right and permission with respect to photographs, videos, motion pictures, web, and/or sound recordings being taken of myself and all named dependent/guardian children; (a) to use, reuse, publish and republish in the same, in whole or in part, separately or in conjunction with other photographs or recordings, in any medium, and (b) to use my child's name therewith. I hereby release and discharge Leadership Long Beach from any claims and demands arising out of or in conjunction with the use of such photographs, videos, motion pictures, and/or recordings. I also agree that the photographs, videos, and motion pictures and the negatives thereof, and recordings, shall constitute your sole property, with full right of disposition whatsoever.

Print Name: _____ Signature: _____

Date: _____

If under 18 years; Parent or Guardian Signature: _____