

TEEN CENTER SPECIAL EVENT WAIVER

I, undersigned Parent/Legal Guardian of _____ (Name of Youth), hereinafter referred to as Special Event Participant.

1. That the Special Event Participant has my consent and permission to participate in the following program at the TEEN CENTER:

Name of Program: CAUSE-A-THON

Date(s) of Program: May 5, 2018 @ 7:00 p.m. until May 6, 2018 @ 7:00 a.m.

**Special Note: Special Event Participant is highly recommended to not drive home after the event due to the nature of the event. Therefore, we ask you to plan transportation accordingly. If you have any questions or concerns, please contact the TC Director, Teresa Peters.

2. On behalf of the Special Event Participant and myself, I acknowledge that the Special Event Participant will be participating at his/her own risk and I, on his/her and my own behalf, hereby release, discharge and indemnify For The Cause, Inc., the TEEN CENTER and its subsidiaries from all liability for injury to Special Event Participant or damage to property of myself/ Special Event Participant arising out of participation in, and transportation associated with the aforesaid program.
3. In permitting the Special Event Participant to participate, I am specifically granting permission to For The Cause, Inc. and the TEEN CENTER to use the likeness, voice and words of the Special Event Participant in television, radio, films, newspapers, magazines, social media and any other media, in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of For The Cause, Inc., the TEEN CENTER, and appealing for funds to support such activities.
4. In the event of an accident or illness during the aforesaid program, I understand that reasonable effort will be made to contact the parent/guardian or emergency contact immediately. However, I am aware that if the injury or illness requires immediate medical attention and the parent/guardian or emergency contact cannot be reached, the adult in charge will secure appropriate emergency medical care as necessary.

By signing below, you affirm that you have read and agree to the expectations and guidelines of For The Cause, Inc. and the TEEN CENTER.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

