

Inneract Project Release of Liability



Name of Child: _____

Birthday: _____

Address: _____

Parent(s) Name: _____

Parent Home Ph. No.: _____

Parent Cell Ph. No.: _____

Emergency Contact: _____

Known Allergies _____

Medical Inform.: _____

I, as parent/guardian of the child named above, give permission for my child to participate in classes and activities of the Inneract Project. I am unaware of any condition, medical or otherwise, that prevents my child from fully participating.

I authorize any employees, agents, volunteers, and representatives of Inneract Project, Ex'pression College of Digital Arts (Emeryville), Academy of Art University (San Francisco), along with any other classroom provider, to provide, authorize, and/or approve any health care at any hospital, emergency room, or doctor's office, employ any doctors, dentists, nurses, or other persons who are necessary to provide medical care, review and (if necessary) disclose any medical records, and execute any consent forms required by medical, dental, or other health authorities incident to the administration of medical, surgical, or dental care. If there is no medical emergency, IP and classroom provider will use all reasonable means to contact me before providing care.

I assume all risk of injury or harm to my child associated with participation in Inneract Project's classes and activities. I agree to release, indemnify, defend, and forever discharge Inneract Project, Ex'pression College, Academy of Art University, and any other classroom provider, and their employees, agents, volunteers and representatives from all

liability, claims, demands, damages, costs, expenses, actions, and causes of action in respect of death, injury, loss or damage to my child, however caused, even if caused by negligence or gross negligence, during his/her participation in Inneract.

I understand that there may be some Inneract Project activities which will require private transportation. If my child is transported by Inneract or any class room provider's employees, agents, volunteers, or representatives, I release those persons from all liability, claims, demands, damages, costs, expenses, actions, and causes of action in respect of death, injury, loss or damage to my child, however cause, even if caused by negligence or gross negligence, during that transportation or activity.

I understand that my child may be photographed or videotaped during his/her participation in Inneract. I irrevocably grant Inneract Project perpetually, exclusively, and for all media around the world, the right to use and incorporate, in whole or in part, photographs, videotape, or sound bites. I will not bring or consent to others to bring any claim whatsoever in connection with this material. Inneract Project has the right to assign its rights to any photograph or videotape property without my consent.

Parent name: _____

Parent signature: _____

Date: _____