

WAYUMI MINOR RELEASE FORM



Student's Name: _____

MEDIA & MEDICAL RELEASE

Must be completed for all students 18 years of age and under!

In case of emergency, I understand that every effort will be made to contact me. I hereby give my permission to the physician chosen by Ethnos360's staff to hospitalize and/or secure proper treatment for, and order injections, or anesthesia, or surgery for my child as named on this form. I certify that the child named on this form has my permission to attend the Wayumi program. Also, for promotional purposes, Ethnos360 has my permission to use pictures or videos that happen to include my child.

Signature of Parent / Guardian

Date

RELEASE OF LIABILITY

Must be completed by all participants

Although Ethnos360 desires to provide a safe and enjoyable time for all persons that come onto its property and make use of its facilities, I/we understand that there are risks/dangers involved with participation in such associated activities. Some risks that may result in participating could include but not be limited to: pain or bruising, possible injury from sliding or falling, sprains or injury from running over uneven ground, possible eye, nose or ear injury. In consideration of my/our child being allowed to participate in such events at the property of Ethnos360, I/we assume the entire responsibility and liability for any and all injury of any kind or nature, whatever and assume reasonable risks associated with such activities. I/we agree to hold harmless Ethnos360, its affiliated organizations, employees, agents, and representatives, from any and all claims arising from my/our child's participation.

I/we agree to indemnify and save harmless Ethnos360, its officers, agents and employees from any and all such claims, loss, expense, legal fees, that Ethnos360 may suffer or sustain as a result of any claim that might be made against it and I/we do further hereby assume the defense of any action at law or in equity which may be brought against Ethnos360 as a result of my/our child's participation. I understand that my student will be under the primary care of the chaperones of

_____(Group Name).

DATED this _____ day of _____, _____.

Name of Student

Signature of Parent / Guardian