

PARTICIPANT WAIVERS

Participant's Name _____

Date _____

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for participating in Kick It Out and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE OF Moving Colors Productions, the Board of Directors, the State of Louisiana, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.

2. To the best of my knowledge, THE PARTICIPANT can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect for THE PARTICIPANT to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me or THE PARTICIPANT, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I/ THE PARTICIPANT am/are alive, and my/their heirs, assigns and personal representative, if I/ THE PARTICIPANT am/are not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Louisiana.

5. I UNDERSTAND THAT THE ORGANIZATION WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH AN INJURY I MAY SUSTAIN.

6. I also understand that I should and am urged by OMC to obtain adequate health and accident insurance to cover any personal injury to myself/the participant which may be sustained during the activity or the transportation to and from said activity.

7. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ANY DAMAGE I/ THE PARTICIPANT CAUSE TO THE FACILITIES.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, signed on this _____ day of _____, 201__.

Participant (if over 18)

Parent (if Participant is under 18 years of age or a dependent on parent's insurance and taxes for the period of the event)

MEDICAL TREATMENT PERMISSION FORM

I, _____, hereby give my permission, consent and authorization for any medical treatment deemed necessary by a hospital or physician. I appoint the event coordinator and/or director my lawful agent with power to authorize and consent to the administration of medical treatment during the aforementioned event.

Mobile Phone (_____) _____ Alternate Phone (_____) _____

Health Carrier: _____ Policy No.: _____

Emergency Contacts: _____

Please list all allergies, restrictions or health exceptions:

This form should be properly signed and turned in at the time of registration. In case of such accident or illness, I give permission for medical treatment to be given to me as deemed appropriate. I will assume responsibility for any medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred on my behalf.

Participant (if over 18)

Parent (if Participant is under 18 years of age or a dependent on parent's insurance and taxes for the period of the event)

MEDIA RELEASE FORM

I do hereby grant Of Moving Colors, and to his/her employees, donors, supporters, or assigns, permission to photograph and video the above stated child and use such photographs and videos of the above stated child in any manner related to Of Moving Colors. Such use is to include, but is not limited to: publication, display, advertising, editorial illustration, resale, web use, etc. I hereby swear that I am of sound mind and body, and agree to all terms stated above.

Participant (if over 18)

Parent (if Participant is under 18 years of age or a dependent on parent's insurance and taxes for the period of the event)