

**COMPLETED FORM DUE: AUGUST 24, 2019**

**PARTICIPANT INFORMATION FORM**

**PARTICIPANT'S NAME:**

\_\_\_\_\_  
**PARENT(S)' OR GUARDIAN(S)' FIRST AND LAST NAME (if under 18 years old)**

\_\_\_\_\_  
**STREET ADDRESS** **CITY/TOWN** **STATE** **ZIP**

\_\_\_\_\_  
**HOME PHONE** **CELL PHONE**

\_\_\_\_\_  
**WORK PHONE(S)/ EXT.** **EMAIL ADDRESS**

\_\_\_\_\_  
**EMERGENCY CONTACT** **RELATIONSHIP TO PARTICIPANT**

\_\_\_\_\_  
**HOME PHONE** **WORK PHONE/EXT.**

\_\_\_\_\_  
**EMERGENCY CONTACT** **RELATIONSHIP TO PARTICIPANT**

\_\_\_\_\_  
**HOME PHONE** **WORK PHONE/EXT.**

**PLEASE INFORM EMERGENCY CONTACT(S) THAT THEY ARE LISTED.**

My child, \_\_\_\_\_ (Full Name), may fully participate in the 2019 Children's Healthcare of Atlanta Parade. In the event of an emergency, I give permission for ArtsBridge Foundation and Children's Healthcare of Atlanta Parade to seek medical treatment for my child.

**Parent or Guardian Name Printed**

\_\_\_\_\_  
**Signature of Parent or Guardian**

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**MEDIA RELEASE**

I hereby authorize ArtsBridge Foundation and Children's Healthcare of Atlanta Parade and/or its designee(s) to photograph and/or video record my child, \_\_\_\_\_ (full name). I further grant them the right to broadcast, exhibit, market, sell, and otherwise distribute the photos/video recordings, either in whole or in parts, and either alone or with other products, for commercial or non-commercial purposes that Producer or its designees in their sole discretion may determine. This grant includes the right to use the photos/video recordings for promoting or publicizing any of the uses.

\_\_\_\_\_  
Student's Signature (if over 18 years of age)

\_\_\_\_\_  
Parent or Guardian Signature (if student under 18 years of age)

\_\_\_\_\_  
Date

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## GENERAL RELEASE/WAIVER OF LIABILITY

Re: 2019 Children's Healthcare of Atlanta Parade Show Participant (The "Activity")

1. I represent that I am a participant (or a parent/guardian of a participant) in the above-mentioned activities and events (collectively, the "Activity").
2. In consideration for receiving permission to participate in the Activity, I hereby release, waive, discharge and covenant not to sue ArtsBridge Foundation and Children's Healthcare of Atlanta Parade, and their affiliates, subsidiaries, parent companies, officers, servants, agents, employees or governing boards from any and all liability, claims, demands, actions or causes of action whatsoever arising or related to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such Activity, or while upon the premises where the Activity is being conducted.
3. To the best of my knowledge, I possess no physical disabilities that would prevent me (my child) from participating in this Activity. I am fully aware of the risks and hazards connected with the Activity, and I understand that these risks can cause severe bodily injury, even death, and I hereby elect to voluntarily participate in this Activity and engage in such Activity knowing the Activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risk or loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such Activity.
4. I further hereby agree to indemnify and hold harmless ArtsBridge Foundation and Children's Healthcare of Atlanta Parade from any loss, liability, damage or costs, including court costs and attorney's fees, which may incur due to my participation in said activity.
5. It is my express intent that this release shall bind the members of my family and spouse if I am alive, and my heirs, assigns and personal representatives if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue ArtsBridge Foundation or Children's Healthcare of Atlanta Parade and further agree that this General Release/Waiver of Liability shall be construed in accordance with the laws of the State of Georgia.
6. I confirm that I have the right to enter into this Release that I am not restricted by any commitments to other parties, and that ArtsBridge Foundation and Children's Healthcare of Atlanta Parade has no financial commitment or obligations to me as a result of this Activity. I hereby give all clearances, copyright and otherwise, for use of my name, likeness, image, voice, appearance and performance embodied in the Activity. I expressly release and indemnify ArtsBridge Foundation and Children's Healthcare of Atlanta Parade and their officers, employees, agents and designees from any and all claims known and unknown arising out of or in any way connected with the above granted uses and representations. The rights granted to ArtsBridge Foundation and Children's Healthcare of Atlanta Parade herein are perpetual and worldwide and may be assigned, sublicensed, and/or transferred by ArtsBridge Foundation and Children's Healthcare of Atlanta Parade at their sole discretion.
7. I understand that I will not receive any compensation, now or ever, in connection with the Activity or the photos/video recordings, including without limitation reimbursement of any or all expenses incurred during the **2019 Children's Healthcare of Atlanta Parade**.
8. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THE FOREGOING GENERAL RELEASE/WAIVER OF LIABILITY, UNDERSTAND IT, AND SIGN IT VOLUNTARILY AS MY OWN FREE ACT AND DEED. NO ORAL REPRESENTATION, STATEMENTS OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND FULLY COMPETENT. I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION, FULLY INTENDING TO BE BOUND BY THE SAME. IF I AM SIGNING AS A PARENT OR GUARDIAN OF A PARTICIPANT IN THE ACTIVITY, I ACCEPT AND AGREE TO THE TERMS WITHOUT RESERVATION HEREOF ON BEHALF OF MYSELF AND THE PARTICIPANT.

**ACCEPTED AND AGREED TO:**

Participant's Name (Please Print) \_\_\_\_\_

Participant's Name (Signature) \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Name (Signature) \_\_\_\_\_