

# *(Your Company Name) & Latinix™* **PARENTAL CONSENT & WAIVER FORM**

## **Waiver of Liability**

I hereby release, indemnify and hold harmless **(Your Business Name) & Latinix (Pty) Ltd**, its owners, instructors and members from all liabilities, suits, claims, and/or demands of any kind or nature, legal or financial, whether caused in any way by the negligence or not, arising from the participation in or observation of any Latinix™ activity for injuries to any person or property, whether on or off the premises. The participant named below does voluntarily participate in any and all Latinix™ activities and that the participant and I understand that certain risks are inherent to and from participation and involvement with **(Your Business Name) & Latinix (Pty) Ltd** and in its various formal and informal activities. These activities include but are not limited to Latinix™. **(Your Business Name) & Latinix (Pty) Ltd** will not be held responsible for any lost or stolen property, at any time. Anyone found to be violating any of the rules, codes of conduct, or found to be disruptive to either another individual or group may be asked to leave the premises or off-site location at any time and be refused re-entrance without any full or partial refund.

## **Medical Release**

As the parent/legal guardian of the participant named below, I request and authorise that in my absence the participant named below may be admitted to any hospital or medical facility for diagnosis and treatment in case of any medical emergency. I request and authorise physicians, dentists, and staff, duly licensed as Doctors of Medicine/Osteopathy or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the participant named below. I have not been given any guarantee as to the results of examination or treatment. I hereby authorise **(Your Business Name) & Latinix (Pty) Ltd**, its owners, instructors and members to act for the participant named below according to their best judgment in providing or arranging for emergency care in any emergency circumstance requiring medical attention. I authorise the hospital, medical or care facility to dispose of any specimen or tissue during the course of any diagnosis, treatment or other normal and customary procedures.

## **Photo Release**

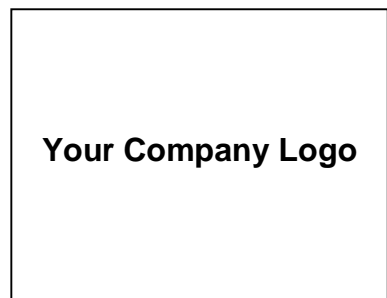
I hereby understand and am fully aware that the participant named below may be participating in Latinix™ activities in which I and/or the participant named below may be photographed or videotaped (the Property) from time to time. I hereby irrevocably grant to **(Your Business Name) & Latinix (Pty) Ltd** perpetually, exclusively, and for all media throughout the world (including print, non theatrical, home video, DVD/CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs, sound bites or video footage taken as a result of participation in Latinix™ activities. I hereby agree that I will not bring or consent to others bringing claim or action against **(Your Business Name) & Latinix (Pty) Ltd** on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on me or the participant named below, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. I hereby release **(Your Business Name) & Latinix (Pty) Ltd**, its owners, instructors and members from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I may hereafter have against **(Your Business Name) & Latinix (Pty) Ltd** in connection with the Property. This agreement shall not obligate **(Your Business Name) & Latinix (Pty) Ltd** to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. **(Your Business Name) & Latinix (Pty) Ltd** shall have the right to assign its rights hereunder, without my consent, in whole or in part, to any person, firm, corporation or organisation.

## **Participant:**

\_\_\_\_\_ (Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(dd) (mm) (yyyy) \_\_\_\_\_ (Print Name)

\_\_\_\_\_ (ID Number)



## **Parent/Legal Guardian:**

\_\_\_\_\_ (Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(dd) (mm) (yyyy) \_\_\_\_\_ (Print Name)

\_\_\_\_\_ (ID Number)

