

PARENTAL CONSENT FORM

**LIABILITY & MEDIA RELEASE
AND MEDICAL CONSENT**

In consideration for the opportunity for my child to voluntarily participate, free of profit of *The 100* Black Men of Middle Tennessee, Inc. ("*The 100*"), in one of the programs of *The 100*, I hereby knowingly and willingly recognize and assume full responsibility for any and all risks associated with my child's involvement and participation in the program including transportation by car, cab, bus, van, or other means, and any and all other programs and activities of *The 100*. I hereby waive, release, forever discharge, and agree to hold harmless *The 100*, its directors, employees, agents, members, volunteers, independent contractors, affiliates, sponsors, and their successors in interest (the Released Parties) from any and all liability, claims, demands or cause of action of whatever kind and nature resulting from or in any way related to any damage, loss, personal injury, property damage, sickness, death, or any other cause my child may have as a result of my child's participation in a program of *The 100*. I further agree to hold harmless and indemnify the Released Parties, including *The 100*, from any and all liability, claims, demands, or cause of action of whatever kind and nature resulting from, directly or indirectly, or in any way related to any acts or omissions of my child.

I agree to save, indemnify and hold harmless the Released Parties, including *The 100*, from any and all liability, claims, demands, cause of action, attorney's fees, costs and the like that the Released Parties might incur as a consequence, directly or indirectly, of having permitted my child to participate in *The 100*'s programs and activities. In the event that my child is injured or sustains damages to his/her property, I, as the parent or legal guardian of said child, agree to indemnify, defend and hold harmless the Released Parties, including *The 100*, from any such claims by said minor child, regardless of any statute of limitations or contractual limitations of actions.

This release shall confirm the authorization to record, videotape, and use visual images of my child in connection with *The 100* programs.

I further consent to the administration of first aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may be required and authorize a representative of *The 100* to provide consent for such first aid, doctor's care, or other medical treatment on my child's behalf. I agree to hold harmless and indemnify the Released Parties, including *The 100*, from any acts of negligence, malfeasance, and/or failure to act on the part of those chosen to administer medical care for my child. I also agree to be responsible for any and all costs associated with such first aid, doctor's care or other medical treatment for me or my child and will

I hereby certify that my child has no physical or mental limitation or disabilities requiring special attention, except as specifically set forth below (include any and all allergies and/or medications prescribed):

By signing below, I verify and acknowledge that I have **read and understand** this **Liability & Media Release and Medical Consent** and that I agree to all of the terms and covenants set forth above. I further warrant and agree that I am the parent or legal guardian of the subject child and have the right to execute this release. This Release may not be modified, amended, changed, terminated or canceled orally.

Home Phone _____ Work Phone _____ Mobile _____