Accident Waiver and Release of Liability Form

I hereby give my permission for my child _____ to participate in The Epicenter's Art. You. Powerful. program at White Pines Intermediate School in Grand Haven, Michigan.

The Epicenter is a non-profit organization whose mission is to (re)connect children with their authentic selves and their limitless potential. As such, we encourage students to explore and experiment, to overcome perceived obstacles, and to challenge themselves every day.

I understand that session activities include play and outdoor activities, hikes and walks where there could be insects, poison ivy, sand, and slippery and jagged surfaces among other dangers and risks. I also understand that outdoor activities may occur in the rain and wind. I agree to see that my child is appropriately attired for these sessions. I will not expect The Epicenter to provide clothing or rain gear.

I understand that the session activities include art projects involving paint and building with natural materials and that my child's clothing may become irreparably dirty or damaged as a result of these projects.

I agree to provide a list of my child's allergies, both food and medicinal, to The Epicenter prior to the start of the session by emailing The Epicenter at info@be-the-epicenter.org. I understand that The Epicenter is not authorized to administer medication.

In the event of illness, injury, and/or accident, I authorize The Epicenter staff and volunteers to act on my behalf. They may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. I agree to pay any necessary expenses incurred in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

I understand that The Epicenter may, in its sole discretion, dismiss any participant for inappropriate, disrespectful, or dangerous behavior at any time. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement.

I understand that the risks associated with session activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that The Epicenter is not liable for any injuries or other occurrences due to indoor and outdoor session activities or related risks, and/or the actions or omissions of The Epicenter officers, volunteers, employees, directors, or any other entities being released.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by The Epicenter organizers of the activity in which my child may participate, and that it will govern the actions and responsibilities at said activity.

In consideration of my application and permitting my child to participate in this activity, I hereby:

WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of The Epicenter, its officers, employees, volunteers, entities or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity; INDEMNIFY, HOLD HARMLESS, AND

PROMISE NOT TO SUE The Epicenter officers, employees, volunteers, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I understand that while participating in this activity, my child may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. The Epicenter, its directors, officers, and all its employees and volunteers acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

This authorization and release is made on my behalf and that of my minor child for whom I have legal responsibility.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

_____ _____

Participant's Printed Name (Please print legibly) Age

_____

Parent/Guardian Printed Name (Please print legibly
(If under 18 years old, Parent or Guardian must also sign)

_____ _____

Parent/Guardian Signature Date