



Girls of Promise
WOMEN'S FOUNDATION OF ARKANSAS

Girls of Promise® Waiver

I am a (check one):

Student Participant Chaperone Volunteer

Specify Girls of Promise® Year: _____

Contact Information:

Name of Participant: _____

Email Address: _____ Phone Number: _____

Use of Likeness and Statements

I consent to the named student being photographed, interviewed, and/or videotaped by representatives of the Women's Foundation of Arkansas, Women's Foundation of Arkansas's volunteers, and/or media outlets (newspaper, television stations, etc.). Any information or images obtained from those activities may be reproduced by the Women's Foundation of Arkansas and/or the public media for use in advertising, publicity, or educational activities, including but not limited to Women's Foundation of Arkansas's publications, website, videos, print, state and regional newspapers, and television news. I hereby waive any claims I may have, and release the Women's Foundation of Arkansas, its officers, employees, and agents from liability of claims arising out of such activities.

I agree I do not agree

Signature of Parent or Guardian, Chaperone, or Volunteer

Date

Permission to Contact

I hereby authorize the Women's Foundation of Arkansas to contact me in the future regarding any events and promotional activities related to Girls of Promise®. I understand that the Women's Foundation of Arkansas will not release my contact information for any other purpose.

I agree I do not agree

Signature of Parent or Guardian, Chaperone, or Volunteer

Date



Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Girls of Promise®, hereinafter called “The Activity”, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** the Women’s Foundation of Arkansas, its officers, employees, and agents **from liability from any and all claims including the negligence of the Women’s Foundation of Arkansas, its officers, employees, and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as the use of hand and power tools and other shop equipment. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as joint or back injuries, heart attacks and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD the Women’s Foundation of Arkansas HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent or Guardian, Chaperone, or Volunteer

Date