

PARTICIPATION AGREEMENT



*I acknowledge that attendance at **Shining Stars Junior Civitan** and participation in the various activities associated with this event involve certain inherent risks to the participant and may result in illness, bodily injury, damage to participant's property or other harm to the participant. I further acknowledge that Civitan International cannot ensure or guarantee the safety and avoidance of injury for participants in these activities. In consideration for allowing the participant to register for and attend this event, and/or to participate in these activities, the participant (or the participant's parent or legal guardian if the participant is a minor) acknowledges and accepts the risks of illness,*

bodily injury, property damage and/or other harm to the participant which may result from the participant's attendance at this event and participation in these activities, including transportation to and from this event and activities. The participant (or the participant's parent or legal guardian if the participant is a minor) accepts personal financial responsibility for any injury or other loss suffered by the participant during attendance at this event or participation in any other activities, as well as for any medical treatment rendered to the participant that is authorized by the Civitan International staff or its volunteers or representatives. The participant (or the participant's parent or legal guardian if the participant is a minor) acknowledges that the participant should have health and accident insurance to pay the costs and expenses that are incurred if the participant is injured or suffers any loss as a result of attending this event and participating in activities.

Medical Authorization; Indemnity for Medical Expenses *I understand, acknowledge and agree that Civitan International staff, volunteers or representatives may need to respond to accidents and potential emergency situations in which the participant is involved during the participant's attendance at this event or other activities associated with the event. The participant (or the participant's parent or legal guardian if the participant is a minor) consents to and authorizes any medical treatment that may be required, as determined by a medical professional at the medical facility that is caring for a medical condition experienced by the participant. The participant (or the participant's parent or legal guardian if the participant is a minor) agrees to indemnify and hold harmless Civitan International from and against any costs, expenses and charges arising from medical treatment provided to the participant on account of any injury suffered by the participant while attending this event and participating in these activities.*

Photos/Video Release *In consideration for allowing the participant to register for and attend this event, and to participate in the activities related to the event, the participant (or the participant's parent or legal guardian if the participant is a minor) grants to Civitan International, its employees, agents, assigns, and sponsors, the right to video and/or photograph the participant, and use the video, photo, and or other digital reproduction of the participant's physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet and expressly waive any present, or future compensation rights to the use of the above stated material(s).*

SIGNATURE OF PARTICIPANT: _____ **DATE:** _____

NAME OF PARTICIPANT: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

NAME OF PARENT/GUARDIAN (if participant is a minor) _____