



**PEDIATRIC CANCER FOUNDATION
PCF JUNIOR BOARD WHITE OUT PARTY 2018
CONSENT FORM**

In consideration of the furtherance of your purpose, objectives and work, and in consideration of you permitting MY CHILD (Participant) to participate in this event, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all claims for damages that I may have against the Pediatric Cancer Foundation (PCF), its directors, officers and employees and any municipalities through which the event will take place, as well as any other persons or organizations connected with the event, their heirs, executors, administrators, successors and assigns, for any and all injuries which I and/or MY CHILD (Participant) may suffer or damages I and/or MY CHILD (Participant) may sustain while taking part in this event or as a result thereof.

Further, the undersigned agree that, while participating in this event, MY CHILD (Participant) will refrain from any behavior or activities that are, or could be, harmful, dangerous or illegal, including but not limited to consuming alcohol, using controlled substances or other intoxicants/drugs, using abusive or offensive language or aggressive physical actions. The undersigned understand and acknowledge that PCF will employ adult supervision ("security") during the course of the event, which may include on- or off-duty police officers, to ensure the safety of all participants and compliance with these rules. Any person causing disruption or misbehavior or is found to disregard these rules at the event will be removed immediately, without reimbursement, from the premises by security, and an adult guardian will be notified.

The undersigned also agrees to release the use of any photos and videos that might contain the undersigned for future PCF promotional use.

NAME OF PARTICIPANT _____

PARTICIPANT SIGNATURE _____

NAME OF PARENT/GUARDIAN _____

PARENT/GUARDIAN SIGNATURE _____

DATE & PARENT/GUARDIAN CELL NUMBER: _____