



BRAIN MATTERS

Activity consent Form And Approval by Parents or Legal Guardian

This form is required for volunteer walkers under 18 years of age to participate in Walking Miles 4 Brain Matters. It is recommended that parents keep a copy of the form and contact Michelle Towse in the event of any questions.

First name of participant and middle initial _____

Last name _____

Address (need street address if you have a P.O. box)

City _____ State _____ Zip _____

Birth date (month/day/year) ____/____/____ Age during activity _____

Has approval to participate in

From _____ to _____
(Date) (Date)

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Brain Matters, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand that reasonable efforts will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by my child's school to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Permission to Photograph

I hereby irrevocably consent the use (including but not limited to reproduction, display, internet, broadcasting, social media, television, publication and distribution, for Brain Matters Inc., without restriction or limitation of:

1. my voice, video/film image, portrait photograph and any other likeness of me either in whole or in part and in any every form, style, or size, as it pertains to this production and
2. my statements and/or opinions if any may deem appropriate by Brain Matters Inc. and their respective agents, licensees, nominees, parents, subsidiaries, affiliates, successors and assigns and all others acting with permission of Brain Matters Inc., Internet and all publicity, business, and trade purposes.

I hereby release Brain Matters Inc. and their respective agents, licensees, nominees, parents, subsidiaries, affiliates, successors and assigns and all others acting with permission Brain Matters Inc. or its said client from any and liability arising out of such use or arising out of any blurring, distortion, alteration, optical or auditory illusion or use in the composite form that may occur or be produced in the taking of said photograph, or the recording of said voice or in any processing undertaken for the purpose of completing the finished work or any advertisement of which it is a part.

I hereby waive any right that I may have to inspect and/or approve the finished work of the advertising copy that may be used in connection therewith or the use to which said finished work might be applied.

Participant's Name _____

Participant's Signature _____

Date _____

Parent/guardian printed name _____
If under 18 years of age

Parent/guardian signature _____

Date _____

Phone: () _____ - _____ **Contacts:** _____

Area code and telephone number (best contact and emergency contact)

Email: _____

E-mail (for use in sharing more details about the walk)

Michelle Towse
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