

**2019 MID-AUTUMN YOUTH SUMMIT
CONSENT FOR MINOR & WAIVER
AND RELEASE OF LIABILITY FORM**

I, _____ (parent/guardian), permit my
child _____ (name) from
_____ (school) to participate in all of the following Mid-Autumn Youth
Summit activities:

- A. Leadership workshops hosted at **San Jose State University** – 1 Washington Square, San Jose CA 95192:
 - a. Workshop #1 to be held on Sunday, October 20th, 2019 at 12pm-4pm
 - b. Workshop #2 to be held on Sunday, October 27th, 2019 at 12pm-4pm

- B. Mid-Autumn Youth Summit programming on Saturday, November 9th, 2019 hosted at **Mt. Pleasant High School**, 1750 S White Road, San Jose, CA 95127 includes but are not limited to the following programs: Scholarship Contest, Speech Contest, Olympics Games, Culture Show Competition, Cultural Debate and Cultural Pitch Game.

I understand that these activities are organized and coordinated by the Viet-American Youth Association - Mid-Autumn Youth Summit Committee.

I also understand that the participation is completely based on a voluntary basis, and by means of which, I may withdraw my child from the event at any time. Furthermore, I hereby allow the following action for my child, his/her executors, administrators, heirs, next of kin, successors and assigns.

- A. I WAIVE, RELEASE, AND DISCHARGE from any and all claims: liabilities for death, personal injury, damages of any kind, which arise out of or relate to my child's participation in, and my child's traveling to and from the event. THE FOLLOWING PERSONS OR ENTITIES: Mt. Pleasant High School, Viet-American Youth Association, Mid-Autumn Youth Summit Committee, and its associates: the event's directors, sponsors, hosting organization, subsidiary associations, the officers, directors, employees, representatives, and agents of any of the above.
- B. I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived released or discharged herein.
- C. INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. In the event that my child should need emergency medical attention, I give my permission to the Viet-American Youth Association/Mid-Autumn Youth Summit staff to treat my child at a nearby hospital.
- D. I ALLOW the use of any picture/recording made during Mid-Autumn Youth Summit activities for the purpose of promoting the spirit of Viet-American youths.

BY SIGNING THIS FORM, I AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

Participant's Guardian Signature _____ Date _____

Emergency Phone Number _____