

**Fall - Virtual MID-AUTUMN YOUTH SUMMIT 2020
CONSENT FOR PARTICIPATION & 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:

Mid-Autumn Youth Summit programming on Saturday, November 14th, 2020 hosted on zoom, includes but are not limited to the following programs: Leadership Workshop, Speech Contest, and Scholarship.

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 the event from THE FOLLOWING PERSONS OR ENTITIES: 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.

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 _____