

**BY FAITH FOUNDATION INC.**

**S.T.E.A.M.**

**PROGRAM**

**WAIVER**

PLEASE READ AND COMPLETE THE FOLLOWING IF YOUR CHILD IS ATTENDING/PARTICIPATING IN BY FAITH FOUNDATION INC. S.T.E.A.M. PROGRAM:

I, THE PARTICIPANT(S)/THE PARENT OF THE PARTICIPANT(S) HEREBY ASSUME ALL RISK AND HAZARDS INCIDENTAL TO PARTICIPATION IN ANY AND ALL IN WORK STUDIO/OUT OF WORK STUDIO ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES, AND I HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE ORGANIZATION, ORGANIZERS, OWNERS, SPONSORS, SUPERVISORS, INSTRUCTORS, PARTICIPANTS, OWNERS OF THE PREMISES PROVIDING THE ACTIVITIES AND PERSONS TRANSPORTING MYSELF/MY CHILD TO AND FROM ACTIVITIES FOR ANY CLAIM ARISING OUT OF INJURY TO MYSELF/MY CHILD/CHILDREN. I HEREBY GRANT BY FAITH FOUNDATION INC. PERMISSION TO USE MY OR MY MINOR(S) LIKENESS IN A PHOTOGRAPH, VIDEO, OR OTHER DIGITAL MEDIA (“PHOTO”) IN ANY AND ALL OF ITS PUBLICATIONS, INCLUDING WEB-BASED PUBLICATIONS, WITHOUT PAYMENT OR OTHER CONSIDERATION. INDIVIDUAL SIGNATURE (IF OVER 18) OR PARENT FOR CHILDREN UNDER 18.

CHILD’S NAME: \_\_\_\_\_

CHILD’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

PARENT(S) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CHILD’S NAME: \_\_\_\_\_

CHILD’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

PARENT(S) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CHILD’S NAME: \_\_\_\_\_

CHILD’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

PARENT(S) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STAFF ACKNOWLEDGEMENT OF SIGNATURES BY PARENT(S)/PARTICIPANTS: \_\_\_\_\_

INITIALS