

UNATTENDED MINOR CONSENT & WAIVER

THIS UNATTENDED MINOR CONSENT & WAIVER (the "Consent/Waiver") dated this ____ day of _____, _____. IN CONSIDERATION of unattended minor(s) -unaccompanied by adults- being permitted to participate in Services/Activities/Programs ("SAP") facilitated by Greatest Matriarchs Society ("Greatest MaS") of 1312 N Monroe St #273, Spokane, WA 99201, USA, ("Provider"), oftentimes in collaboration with supporters of Greatest MaS in furthering of its mission, I/We, _____, ("Parent/Guardian(s) ") of the minor(s) identified below in **Section 1**, ("Participant(s)"), consent to Greatest Matriarchs Society providing the Services/Activities/Programs, identified in **Section 2**, and to waive rights as per this Consent/Waiver, with full understanding of each and every term of this Consent/Waiver, as indicated by my/our initials on each page.

Section 1: Participants

Name_____	DOB_____	Name_____	DOB_____
Name_____	DOB_____	Name_____	DOB_____
Name_____	DOB_____	Name_____	DOB_____
Name_____	DOB_____	Name_____	DOB_____
Name_____	DOB_____	Name_____	DOB_____

Section 2: SAP Authorized

1. Scheduled from December 16, _____ to December 16, _____, the Parent/Guardian consents to the Participant participating at registered locations owned/leased/controlled by Greatest MaS for various services/activities/programs, (including but not limited to, surveys, self-health classes, skills/life training, group counseling, outdoor programs, eating, drinking, dancing, karaoke, live performances, and other activities to be promoted via website www.greatestmas.org and social media @greatestmas), as an **UNATTENDED MINOR** in **ALL** services/activities/programs FOR MINORS, **EXCEPT:** _____

2. I/We agree on behalf of the Participant(s) of **Section 1**, to all the terms and conditions of this Consent/Waiver, and explained to Participant(s) that by our consent their rights are waived.

3. By signing the Consent/Waiver, I/We represents I/We have legal authority over and custody of the Participant(s). And, that in the event, legal authority or custody is shared with another party, that party is aware of and consents to the contents of this Consent/Waiver, in its entirety.

4. **I/we know this is a legally binding document, are advised I/we should seek legal counsel prior to signing/initialing this Consent/Waiver, and did so to my/our satisfaction prior to signing/initialing.**
CONSIDERATION

5. Being the Parent/Guardian(s) of the Participant(s), minor(s), and in consideration of the Participant(s) being permitted to participate, and, at times to do so unattended by an adult, I/We, Parent/Guardian(s) release and forever discharge the Provider, the Provider's spouse, heirs, executors, administrators, legal representatives, and assigns from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims, and demands for or by reason of any injury to person(s) or property, including injury resulting in the death of the Participant(s), which has been or may be sustained as a consequence participation of the Participant(s) in the foregoing SAP, and notwithstanding that such damage, loss, or injury may have been caused solely or partly by the negligence of the Provider.

Initials: _____

6. The Parent/Guardian(s) agrees to indemnify and defend the Provider against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from use of or presence upon the facilities utilized by Provider by Participant(s) or/and family/guests of Participant(s).

7. The Parent/Guardian(s) agrees to pay for any/all damages to the facilities utilized by the Provider, caused by any negligent, reckless, or willful actions by the Participant(s).

8. The Parent/Guardian(s) understands that the Participant(s) would not be permitted to participate in the Services/Activities/Programs, especially, as an unattended minor unless the Parent/Guardian(s) signed this Consent/Waiver, with legally authority to do so.

CONCURRENT RELEASE

9. The Parent/Guardian(s) acknowledge(s) that this Consent/Waiver is given with the express intention of effecting the extinguishment of certain obligations owed to the Participant(s) by the Provider, and with the intention of binding the parents, guardians, spouse, heirs, executors, administrators, legal representatives, and assigns of the Participant(s).

FITNESS TO PARTICIPATE

10. The Parent/Guardian(s) agree(s) that the Provider expects the Participant(s) to observe and obey all posted rules and warnings, and further agree(s) that the Participant(s) must follow any oral instructions or directions given by Provider, or the volunteers, agents, or representatives of Provider as they pertain to the SAP authorized in this Consent/Waiver.

11. The Parent/Guardian(s) acknowledge(s) to the Provider that the Participant(s) do(es) not experience any physical limitations, medical ailments, or physical or mental challenges that would limit or prevent the Participant(s) from participating in the SAP authorized. If requested, Participant(s) will provide a medical examination and clearance to the Provider.

12. In the event of an injury to the Participant(s) during the aforementioned Activity, the Parent/Guardian(s) grant(s) the Provider or the volunteers, representatives or agents of Provider permission to arrange for all necessary medical treatment for which the Parent/Guardian(s) shall be financially responsible. This temporary authority will begin at the date of this Waiver, and will remain in effect until terminated in writing by the undersigned or December 16, _____, whichever occurs first. **The Provider shall have the following powers:**

(a.) the power to seek appropriate medical treatment or attention on behalf of the Participant as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital; (b). the power to authorize medical treatment or medical procedures in an emergency situation; and, (c.) the power to make appropriate decisions regarding clothing, bodily nourishment and shelter.

FULL AND FINAL SETTLEMENT

13. Parent/Guardian(s) acknowledge(s) and agree(s) with Provider that: (1) Provider has given Parent/Guardian(s) sufficient time to review this Consent/Waiver, (2) Parent/Guardian(s) were given opportunity and encouragement to seek independent legal advice prior to signing this Consent/Waiver, (3) Parent/Guardian(s) fully understand(s) the risks

Initials: _____

and claims that the Parent/Guardian(s) and Participant(s) waive to participate in the SAP authorized per this Consent/Waiver, (4) the Parent/Guardian(s) freely and voluntarily execute this Consent/Waiver on behalf of the Participant(s) ; (5) Provider has offered to refund any prepaid fees paid for the Participant(s) to participate in the SAP authorized, if the Parent/Guardian(s) chooses not to sign this Consent/Waiver, or terminate(s) any provision of this Consent/Waiver in the future; and (6) Participant(s) and Parent/Guardian(s) are forever prevented from suing or otherwise claiming against the Provider for any property loss or personal injury that the Participant(s) and Parent/Guardian(s) may sustain while participating in or preparing for the SAP authorized by this Consent/Waiver.

14. This Consent/Waiver and each of its terms are the product of an arm length's agreement between the parties. In the event, any ambiguity is found to exist in the interpretation of this Consent/Waiver, or any of its provisions, the Parent/Guardian(s), explicitly reject(s) the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based on their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.

Governing Law

15. This Consent/Waiver will be governed by and construed in accordance with the laws of the State of Washington. Any legal or equitable claim that may arise from participation in the Activity shall be resolved under Washington law.

16. The invalidity or unenforceability of any provision of this Consent/Waiver, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Consent/Waiver or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Consent/Waiver.

17. The aforementioned Parent/Guardian(s) and all other applicable parties will attempt to resolve any dispute arising out of or relating to this Consent/Waiver through friendly negotiations amongst the parties, and if the matter is not resolved by negotiation, the parties will resolve the dispute using the following Alternative Dispute Resolution (ADR) procedure: (a). any controversies or disputes arising out of or relating to this Consent/Waiver will be submitted to mediation in accordance with any statutory rules of mediation; (b). if mediation is unsuccessful in resolving the entire dispute or is unavailable, any outstanding issues will be submitted to final and binding arbitration under the rules of the American Arbitration Association; c. the arbitrator's award will be final, and judgement may be entered upon it by any court having proper jurisdiction.

EMERGENCY CONTACTS

Name: _____

Name: _____

Phone: _____

Phone: _____

Name: _____

Name: _____

Phone: _____

Phone: _____

Initials: _____

IN WITNESS WHEREOF the Parent/Guardian(s) of Participant(s) has duly affixed their signature on this _____ day of _____, _____.

I/We HAVE READ THE ENTIRETY OF THIS DOCUMENT AND UNDERSTAND IT. I/We FURTHER UNDERSTAND THAT BY SIGNING THIS WAIVER, I/We VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS AS THEY PERTAIN TO THE PARTICIPANT(s) AND ANY/ALL PARTICIPATION IN THE AFOREMENTIONED SERVICES/ACTIVITIES/PROGRAMS.

(Parent/Guardian of Participant)

Witness

Initials: _____