Participant Waiver Form

Participant Name:	**Age:**	**Gender:**
Address:		
City:	**Province:**	**Postal Code:**
Parent(s):	**Email Address:**	

Waiver for Photographs and Video

I/We hereby grant permission to ***Angel Award*** and its representatives to use photographs, video or other likenesses of me for purposes such as but not limited to social media, publication, websites and promotional materials as necessary.

Assumption of Risk

1.) I/We hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I/We further waive all moral rights. I/We also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials. I/We hereby release, defend, indemnify and hold harmless ***Angel Award*** from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

2.) I/We also hereby hold harmless ***Angel Award*** and indemnify them against any or all claims, action suits, procedures, costs, expenses (including attorney's fees and expenses), damages and liabilities arising out of, connected with, or resulting from the use of photographs, videos and other media in which I/We appear. I/We hereby release ***Angel Award*** from any and all such liability, and I/We understand that this release shall be binding upon my/our estate, my/our heirs, my/our representatives and assigns.

I/WE HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND I/WE ARE AWARE THAT BY SIGNING THIS AGREEMENT I/WE AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

I certify that I am the Legal Guardian of the contestant, above, and authorized to sign this agreement in that capacity.

Name:	Signature:
Date:	Phone: