

WAIVER & RELEASE OF LIABILITY AGREEMENT

Parent/Guardian Name(s) (print)		
Parents Date(s) of Birth (same ord	er)	
Address	City	Zip
Home Phone	Work	Cell
Emergency Contact		
EC Home Phone	EC Work	EC Cell
Minor Children Participating:		
Name		Date of Birth
Name		Date of Birth
Name		Date of Birth
Foundation Christmas Bike Giveaw activities of the For the Life of You Foundation/Matthew Newman em accompanying accessories (to include Mentoring Foundation/Matthew Nobike helmet(s), elbow/knee pads, emisconduct or negligence of the Form I presently waive as to the Form the any claim presently known or unknomissions of others including Form I by signing this agreement, I agree to distributed without limitation through all material furnished by me for any third party. I also agree to the child(ren) for educational, program participation in the campaign conference of the program of the company of the	ay. I hereby voluntarily and knowingly Mentoring Foundation Christmas Bike ployees, volunteers, or agents liable for de, but not limited to bike helmet(s), e ewman, whether caused by bikes, or a etc.) or the act or omissions of others er the Life of You Mentoring Foundation. Life of You Mentoring Foundation wan for damage to property or personne Life of You Mentoring Foundation. A chat any and all video footage, or photough any means and I shall not receive a rethis campaign is either my own or others of my child(ren)'s name, likeness, particularly of the property of the series publicity and organizational ers upon me no rights to use, ownership, their officers, officials, agents and/or ertisers, and if applicable, owners and Il liability which may arise from any and	announcement for the For the Life of You Mentoring assume all risks and dangers inherent and incidental to the Giveaway. I will not hold the For the Life of You Mentoring or any injuries incurred my child(ren) is/are using bikes, or albow/knee pads, etc.) donated by the For the Life of You occompanying accessories (to include, but not limited to excepting damage or injury solely caused by the willful n/Matthew Newman employees, volunteers, or agents. The Newman employees, volunteers, or agents thereof, all injury whether caused by equipment or the acts or Matthew Newman employees, volunteers, or agents. Tographs captured, or submitted may be broadcast and any compensation for my participation. I confirm that any nerwise authorized for such use without obligation to me of cortrait or pictures, voice and biographical material about promotional purposes. I further agree that my child(ren)'s por copyright. I release FOR THE LIFE OF YOU MENTORING or employees, volunteers, staff, other participants, lessors of premises used to conduct the campaign d/or all claims by me, my child(ren) or any third party in
Parent/Guardian (Signature)		Date

RELEASE AND WAIVER OF LIABILITY AGREEMENT

Note: Your submission will NOT be processed unless this waiver is signed and dated prior to participation.
I,("Recipient"), acknowledge that I have voluntarily
entered my (*parent or guardian) child(ren) to participate in "For the Life of You Mentoring Foundation Christmas Bike Giveaway." As part of child(ren)'s participation in this event, he/she will receive a new youth bicycle and bicycle helmet.
I understand that riding a bicycle can be dangerous. I understand that cyclists should follow all the Rules of the Road as a vehicle should do. I also understand that a properly fitted helmet should be worn at all times when riding a bicycle. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child(ren)'s participation.
I verify this statement by placing my initials here:
I, for myself and on the behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless FOR THE LIFE OF YOU MENTORING FOUNDATION/MATTHEW NEWMAN, their officers, officials, agents and/or employees, volunteers, staff, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), with respect to any and all injury, disability, death or loss or damage to person or property. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily of my own free with the dangers of the activity and the significance of this Release and Waiver were
explained to us and that we have fully understood them.
Executed in, Texas on, 2017.
Parent/Guardian (Signature)
Signature