

Participation Waiver

This authorization will be kept on file with Supergood LLC DBA Corner House Studio and the information recorded here will be present on site during all Supergood LLC DBA Corner House Studio programs (summer camps, after school, in class, etc.) for which you have registered.

Attestation

I attest that I am over 18 years of age and I warrant that I have legal authority to execute this agreement on behalf of my child or ward. I attest that my child or ward is physically fit and prepared for Supergood LLC DBA Corner House Studio events and all related activities. I grant full permission for Supergood LLC DBA Corner House Studio, its nonprofit partner agencies, and its officers and directors, partners, employees, agents, and volunteers (“Releasees”) for the following authorizations. I hereby give permission for my child or ward to take part in all activities led by Supergood LLC DBA Corner House Studio staff.

Medical Authorization

We take every precaution to ensure the medical authorization granted below will never need to be used. For the safety of the children however, sound medical practice calls for this authorization. The authorization granted by this form will be used only when absolutely necessary. We will make every attempt to first contact the parent/guardian to make medical care decisions unless the situation calls for immediate professional medical care.

In case an emergency happens at any point between sign in and sign out of the program, I hereby authorize any of the staff, employees, agents and representatives of Supergood LLC DBA Corner House Studio to provide for, approve, and authorize for my child or ward, any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child. Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures. I hereby further authorize emergency transportation by either Supergood LLC DBA Corner House Studio personnel or if necessary by ambulance or other emergency vehicle.

Photo/Video Release

I hereby grant and authorize Corner House Studio the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me or my child by Corner House Studio to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. I understand and agree that these materials shall become the property of Corner House Studio. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

Off-Site Authorization

During summer camp programs I understand that children under the supervision of staff may leave the program studio to enjoy nearby parks. Please review your welcome e-mail, and/or call to verify exact off-site location information and routes.

Releases

In connection with my child or ward's voluntary involvement in activities for Supergood LLC DBA Corner House Studio, I hereby agree, for me and my child or ward, our heirs, assigns, executors and administrators to release and discharge from all claims, demands and actions for injuries or death sustained to my child or ward and/or damage to or destruction, loss or theft of my property of my child or ward and to the property of others as a result of my child or ward's involvement in such activities, whether or not resulting from my child or ward's negligence or the negligence of any other individual, or from accidents without negligence, or from the intentional actions of other individuals, and I agree to release and hold harmless from any cause or action, claim or suit arising therefrom.

Indemnity

I will defend, indemnify, hold harmless and reimburse Supergood LLC DBA Corner House Studio from and for all damages, losses, costs, or expenses (including legal fees) incurred by Supergood LLC DBA Corner House Studio or paid by them to any person (including me or my insurers) in respect of any accident, injury (including death), loss, or property damage, however caused resulting from, arising out of, or otherwise in connection with my child or ward's participation in such related events and activities. I

will reimburse Supergood LLC DBA Corner House Studio if anyone makes a claim against Supergood LLC DBA Corner House Studio in connection with my child or ward's participation in such related events and activities, including, without limitation, any accident my child or ward may be involved in, or any injury, loss, damage to my child or ward, me, other parties, or property however caused.

Acknowledgement

The above authorizations shall be binding upon and enforceable against me, my personal representatives, spouse, assigns, heirs and next of kin without limitation. It is my desire and intent that the words, terms, provisions, covenants, and remedies contained in the above authorizations shall be enforceable to the fullest extent permitted by applicable law. If any portion of the above authorizations are held invalid, the remainder shall not be affected and shall continue in full legal force and effect. I attest that my child or ward's attendance and involvement in such activities is fully voluntary, that I am allowing my child or ward to participate at his or her own risk, and that I have read the foregoing terms and conditions of this document. I am hereby agreeing to all stipulations as stated above.

Supergood LLC DBA Corner House Studio
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