



General Liability Release Form

Liability Agreement dates of validity: January 1, 2018 - December 31, 2018

I completely understand and realize that all participation in events and activities, sponsored by Eye Shine Foundation, could include actions or tasks which might be dangerous or hazardous to me and/or my child.

By signing below, I agree to the possibility that participation can cause any harm or injury to me and/or my child. I release the organization or business named above from all liability, costs and damages which could arise from participation in sponsored events or activities. I agree to accept financial responsibility for the costs related to this emergency treatment and give my confirmation of the same by signing this document.

Name of Participant: _____

Signature of Participant: _____ Date: _____

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Emergency Contact Information:

Primary Emergency Contact: _____

Home Number: _____ Cell Number: _____

Secondary Emergency Contact: _____

Home Number: _____ Cell Number: _____

____ Please initial: I grant permission for Eye Shine Foundation to photograph and/or video my child while participating in Eye Shine Foundation events and to use said images on the ESF website and other marketing media.