

**INTENT: The INTENTsive
ASSUMPTION OF RISK & WAIVER / PHOTO/VIDEO RELEASE**

INTENT cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the **INTENT** events could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I understand that the risk of becoming exposed to or infected by COVID-19 at the **INTENT** events may result from the actions, omissions, or negligence of myself and others, including, but not limited to **INTENT** employees, volunteers and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability and death), illness, damage, loss, claim, liability or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the **INTENT** events or participation in **INTENT** programming. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless the **INTENT**, its employees, agents and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes and Claims based on the actions, omissions, or negligence of the **INTENT**, its employees, agents and representatives, whether a COVID-19 infection occurs before, during or after participation in any **INTENT** programs.

Print Name of **INTENT** participant(s) _____

Signature of **INTENT** participant(s) _____ DATE _____

If under the age of 18:

Print Name of **INTENT** participant(s) parent/guardian _____

Signature of **INTENT** participant(s) parent/guardian _____ DATE _____

PHOTO/VIDEO RELEASE FORM

I hereby give permission for images of my child captured during **INTENT** through video, photo, and digital photo to be used solely for the purposes of **INTENT** promotional material and publication, and waive my rights of any compensation to ownership thereto.

Print Name of **INTENT** participant(s) _____

Signature of **INTENT** participant(s) _____ DATE _____

If under the age of 18:

Print Name of **INTENT** participant(s) parent/guardian _____

Signature of **INTENT** participant(s) parent/guardian _____ DATE _____