



## HMONG YOUTH & PARENTS UNITED

631 Eleanor Avenue  
Sacramento, CA 95815

### RELEASE AND WAIVER OF LIABILITY FOR MINOR

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the “release”) executed on \_\_\_\_\_ (date) by \_\_\_\_\_, a minor child (the “Participant”), and \_\_\_\_\_, the parents having legal custody and/or the legal guardian of the participant (the “Guardians”), releases Hmong Youth & Parents United, (“Nonprofit”), a nonprofit corporation organized and existing under the laws of the State of California and each of its directors, officers, employees, agents, and location vendor such as HOPE Center, located at 631 Eleanor Avenue, Sacramento, CA 95815.

The Participant and Guardians do hereby freely, voluntarily, and without duress execute this Release under the following terms:

**1. Waiver and Release:** We, the Participant and Guardians, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arises or may hereafter arise from the Participant’s attendance at Nonprofit’s Youth Pop-Up Event. Participants and Guardians understand and acknowledge that this Release discharges Nonprofit from any liability or claim that Participant and Guardians may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Participant’s attendance at the Youth Pop-Up at HOPE Center.

**2. Insurance:** Further we, Participant and Guardians, understand that Nonprofit does not assume any responsibility for or obligation to provide Participant with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. Participant and Guardians expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by Participant.

**3. Photo Releases:** Participant and Guardians grant and convey to Nonprofit all right, title, and interest in any and all photographs, images, video, or audio recordings of Volunteer or his/her likeness or voice made by Nonprofit in connection with his/her providing volunteer services to Nonprofit.

**4. Other:** Participant and Guardians expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Release shall be

governed by and interpreted in accordance with the laws of the State of California. They agree that in the event that any clause or provision of this Release is deemed invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining remaining provisions of this Release which shall continue to be enforceable.

**5. Rules:**

1. All youth and approved guests MUST possess student identification or picture I.D. for admittance.
2. All youth must have complete and signed waiver prior to admittance. (Waivers will be verified.)
3. All youth must be enrolled in at least 7<sup>th</sup> grade, and may not be older than 18 years of age.
4. No in and out privileges.
5. No running, rough housing, horse playing or wrestling.
6. Must be respectful to all participants, staff, and volunteers. All violators will be given one warning. Repeat offenders may be asked to call their parents for a ride home.
7. Youth are to comply with the directions of staff and chaperons for safety reasons. All guilty parties will be automatically dismissed and their parents will be notified.
8. No use of profanity, drugs or alcohol permitted during the event or within premises of HOPE Center.

By signing below, Participant and Guardians have executed this Release and express their understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Grade Level and School of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/ Guardian of Participant

\_\_\_\_\_  
Signature of Parent/ Guardian of Participant

\_\_\_\_\_  
Date

Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_