

WAIVER OF LIABILITY AND ASSUMPTION OF RISK

By signing this document, I acknowledge that I am a voluntary participant in The Fresno Bee/ABC30 2024 Kids Day event, a benefit for Valley Children’s Hospital. I understand the risks associated with participation in this event including possible injury resulting from my standing at or near a busy intersection to solicit donations from passing motorists. I, for myself, my executors, heirs, administrators and assigns, assume all risks of injury, including death, that may arise from my participation in this event.

In consideration of being permitted to participate in this event, I, for myself, my executors, heirs, administrators and assigns, hereby release, waiver, discharge, and covenant not to sue The Fresno Bee, KFSN-TV ABC30, Valley Children’s Hospital, Valley Children’s Healthcare, Valley Children’s Medical Group, Valley Children’s Healthcare Foundation and all sponsoring individuals, businesses and organizations from all liability, claims, damages, demands, actions and causes of action of any kind which I may have now or in the future, which in any manner arises or results from my participation in this event.

I have carefully read this Waiver of Liability and Assumption of Risk and fully understand its contents. I am aware that this release of liability is expressly intended to cover and include all claims, past, present and future, known or unknown, which can be asserted by me or my successors as a result of my participation in this event.

I give full permission for the use of my name and photograph in connection with this event.

I have read and agree to comply with the terms identified in this “Waiver of Responsibility” and the 2024 Kids Day “Sales & Safety Instructions”, a copy of which has been provided to me.

If participant is a minor under the age of 18 years of age, the parent or legal guardian listed below agrees as follows: I agree to the terms and conditions of this Waiver of Liability and Assumption of Risk on behalf of the minor participant listed below, as well as myself, and I agree to assume all responsibility for the minor participant’s safety. I also give full permission for the use of the minor participant’s name and photograph in connection with this event.

Print Name	Signature of Participant/ Parent or Legal Guardian	Date	Organization
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

