

## MAKE TRYBE MINOR ASSUMPTION OF RISK AND RELEASE OF LIABILITY

### PARENT'S OR GUARDIAN'S OF A MINOR AGREEMENT [UNDER 18]

In consideration of \_\_\_\_\_(print minor's name)  
("Minor") being permitted by Make Trybe to participate in its activities and to use  
its equipment and facilities:

1. I affirm that the minor is in good health and is not under a physician's care for any undisclosed condition that bears upon the minor's fitness in a Make Trybe program. I also represent that there are no special problems associated with the care of the minor, and that I have adequately informed Make Trybe personnel of any special instructions regarding the minor.
2. I authorize Make Trybe personnel to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed by the minor. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of medical personnel or a medical facility, Make Trybe shall have no further responsibility for the minor.
3. Except where prohibited by law or regulation, I agree on behalf the minor, to WAIVE, RELEASE, AND DISCHARGE any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Make Trybe School of Transformative Design or Kansas City Academy.
4. PROPERTY LOSS I understand that neither Make Trybe nor the owners of any other property on which Make Trybe programs are held is responsible for any personal property lost, damaged, or stolen while program participants are in Make Trybe programs.

5. INSURANCE I understand it is my responsibility to provide accident and health insurance coverage for the minor while he/she is participating in a Make Trybe program.
6. FIRST AID I authorize a qualified Make Trybe staff member, if the need arises, to administer first aid, CPR or other treatment to the minor
7. PHOTOGRAPH PERMISSION I give my permission for Make Trybe to use without limitation or obligation, photographs, film footage, or tape recordings, which may include the minor's voice or image for purposes of promoting Make Trybe programs.
8. I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT. I understand that the minor's participation can be a dangerous activity involving the risk of serious injury and even death. Except where prohibited by law or regulation, I assume full responsibility for bodily injury, death or property damage to the minor while in, about or upon Make Trybe facilities or while engaged in Make Trybe programs. I expressly agree that this Release Agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Name of Parent/Legal Guardian (Please Print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Legal Guardian:

\_\_\_\_\_