



VOLUNTEER/PARTICIPANT RELEASE AND CONSENT

Name (Adult Participant or Parent/Guardian): _____

Participating Child Name/Age

Participating Child Name/Age

Participating Child Name/Age

Participating Child Name/Age

I, _____ (name), hereby acknowledge that it is my desire to participate in certain voluntary recreational, educational and other activities provided by or in conjunction with Mansion Memories, at the Burrage Mansion location, including without limitation to crafting, games, computer usage, of which I approve of and authorize, each an "Event" and collectively the "Events." In consideration of the program and services provided by the Rochford Foundation, a California non-profit corporation, and Mansion Memories, a California non-profit corporation, and each of their employees, agents, owners, directors, officers, board members, volunteers, and any other participants, sponsors, advertisers, and, applicable, owners/lessors of real or personal property or vehicles used in relation to the Events, and all other persons or entities acting in any capacity on their behalf or in affiliation with them (hereinafter collectively referred to as "Released Parties"), I hereby agree to release, indemnify, and discharge Released Parties, on behalf of myself, my spouse, our children, parents, heirs, assigns, personal representative and estates from any and all claims relating to the Events, and further agree as follows:

1. The risks relating to or arising out of the Events may be significant, including the potential for serious or permanent injury, paralysis or death. This Consent and Release shall remain in effect for all Events until withdrawn in a written document delivered to the Executive Director of Mansion Memories, currently Dianna Lawson. The Released Parties cannot guarantee safety in the Events. It is my responsibility to evaluate my level of fitness before participating, as well as my child(ren)'s level of fitness, and to remove myself or my child(ren) if I feel any Event is unsafe. It is my responsibility to seek medical advice before any Event if medical condition is in question.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Released Parties or others, and assume full responsibility for my participation, and my child(ren)'s participation, in any and all Events.
3. I willingly agree to comply, and to ensure my compliance, with the terms and conditions for participation in all Events. I understand, that in the event I, or any accompanying children, behave in a manner deemed unacceptable by the leadership of Mansion Memories, or if I observe unusual significant hazard during my presense or participation in any Event, I will remove myself and my accompanying child(ren) from participation and bring such to the attention of the Director or other Mansion Memories leaders present.
4. Any injuries incurred in the Events may not be covered by any insurance carried by any of the Released Parties.

5. I, for myself, my spouse, heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless, the Released Parties from any and all claims, demands, losses, and liability arising out of or related to the Events, including without limitation an injury, disability or death I or other family members may suffer, including any other loss or damage to person or property, whether arising from the negligence of the Released Party or any other cause, to the fullest extent of the law.
6. By participating in, volunteering for, or attending of any Events, I consent to the use of any print or digital photographs, pictures, film, or videotape taken of me or my children for publicity, promotion, television, websites, or any other use by Mansion Memories or any third party designated by Mansion Memories, and expressly waive any right of privacy, compensation, copyright or ownership right connected to same. As it may be costly and/or impossible to remove such items or images once they are printed or published, this consent shall be irrevocable.

BY SIGNING HERE, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED TO THE PROVISIONS OF THIS SECTION REGARDING MYSELF AND ALL CHILDREN LISTED ABOVE.

Signature

Date

I hereby authorize the Mansion Memories leadership as agent(s) for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code §2000 et. seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code §1600 et. seq. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code §6910. I hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code §6910, to surrender physical custody of such minor to my above-named agent (s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code §1283. I understand that I, and not any of the Released Parties, shall be solely responsible for payment of any medical or other treatment provided to the Student pursuant to this Section 9. This Section 9 authorization shall remain effective for one year from the date written below, unless withdrawn in writing prior.

Signature

Date