

Project S.T.○R.Y.

Supporting Talents Of Rising Youth

REGISTRATION FORM AND WAIVER

*****PLEASE READ AND SIGN THE WAIVER BELOW*****

In consideration of being permitted, at my specific request, for me or my child/children (listed below) to participate in the activities of PROJECT STORY, LLC, we hereby release, waive, discharge, and covenant not to sue PROJECT STORY, LLC, it's officers, employees, and agents, individually or in an official capacity for PROJECT STORY, LLC (all for purposes herein also referred to as "Releasee") from all liabilities, claims, actions, damages, costs or expenses which we may have against any of the Releasee arising out of or in any way connected to participation in the activity, including, travel to or from the activity, for bodily injury, death or property damage suffered by me/my child/children before, during, or after any activity with PROJECT STORY, LLC. I understand this release and waiver includes any claim or action based on the negligence, action or inaction of any Releasee or otherwise. I HEREBY ASSUME FULL RESPONSIBILITY FOR ALL RISK OF INJURY OR PROPERTY DAMAGE due to the negligence of the Releasee or otherwise while engaged in or as a result of the activity. In addition, I give my permission for the child/children to be treated by qualified medical personnel in the event that the parent/guardian named cannot be reached at the phone number provided. All PROJECT STORY, LLC participants involved in any activity/event may be photographed and/or video-taped.

Parent\Guardian: _____

Child 1: _____ Birth Date: _____

Child 2: _____ Birth Date: _____

Child 3: _____ Birth Date: _____

Address: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Signature: **X** _____ Date: _____