

**General Liability Release Form**

Liability Agreement pertains to any event or activity associated with Eye Shine Foundation for five (5) years from date of parent/guardian signature below.

I completely understand and realize that all participation in events and activities, sponsored by Eye Shine Foundation, could include actions or tasks which might be dangerous or hazardous to me and/or my child.

By signing below, I agree to the possibility that participation can cause any harm or injury to me and/or my child. I release the organization or business named above from all liability, costs and damages which could arise from participation in sponsored events or activities. I agree to accept financial responsibility for the costs related to this emergency treatment and give my confirmation of the same by signing this document. If Eye Shine Foundation contributes to the cost of a ride share for my participant, I release Eye Shine Foundation of any and all liability, costs, and damages which could arise.

Name(s) of Participant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

Primary Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Please initial: I grant permission for Eye Shine Foundation to photograph and/or video my child while participating in Eye Shine Foundation events and to use said images on the ESF website and other marketing media.

Completed form should be returned to [eyeshinefoundation@gmail.com](mailto:eyeshinefoundation@gmail.com) prior to participating in any Eye Shine Foundation events.