

Realities For Children Charities Waiver/Consent Form

Nominee's Full Name: _____

Date of Birth ____ day, ____ month, ____ year

As the Parent/Guardian of (child's name) _____ understand and agree to attend and participate in the Realities For Children's Keeping Dreams Alive Member Appreciation and Keeping Dreams Alive Dinner Banquet on Saturday, April 10th, 2010.

I am aware that while the Members of Realities For Children, Inc. are covering the costs of my son/daughter's attendance, Realities For Children Charities is assuming no responsibility for supervision of the Keeping Dreams Alive youth nominees.

I, (Parent or Guardian's name) _____ as my child's Parent or Guardian, acknowledge and agree that participation in Realities For Children Charities Member Appreciation Dinnner, by the nominee, shall be entirely at the child's own risk. I am aware that nominee may be in attendance at a function where a very limited amount of alcoholic beverages are served. He or she IS ABSOLUTELY NOT ALLOWED to partake in any adult beverages. It is the responsibility of the Parent or Guardian to monitor the nominee and conduct themselves in a professional, appropriate manner at this function.

The Realities For Children staff, directors, members and Fort Collins Hilton shall not be held responsible for any injuries, damage, or loss of personal property of any sort as a result of participation. As Parent or Guardian, I release all claims, demands, damages, actions or causes of action which may arise or result from the whether in law or in equity and which we our executors, administrators and assigns may have.

I also give permission for Realities For Children Charities to use a visual reproduction (photograph, film, video, digital picture, etc.) of my child for publicity purposes connected with the promotion of the work of this organization and the children they serve. The child's name can be changed for protection purposes.

The undersigned shall be responsible for the behavior of the nominee.

Printed Name of Parent or Guardian

Date: _____

Signature of the Parent or Guardian