



PARTICIPATION FORM

ACKNOWLEDGMENT OF RISK, WAIVER, RELEASE AND LICENSE AGREEMENT

I, or my child(ren), have agreed to participate as a Volunteer for SLANT: Service Learning Adventures in North Texas (the "Activity"). You, your child, and your child's coach are each considered to be a "Volunteer."

SLANT is being coordinated, in principal part, through Big Thought, A Learning Partnership, and its Board of Directors, officers, employees, agents, representatives and associates of their respective staff and anyone authorized by them (collectively, "Big Thought"). In consideration of my participation as a Volunteer in connection with the Activity, I release, indemnify, and discharge Big Thought, its officers, directors, employees, agents, representatives, contractors, and assigns, and all other persons or entities acting in any capacity on its behalf (hereinafter collectively referred to as "Big Thought"), on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative(s) and estate as follows:

- 1. I acknowledge that Big Thought does not have any association with or knowledge of the organization, school, Volunteer, be it a Coach, minor child participant or parent of a minor child participant, or any of them, with which any Volunteer is associated.** I, further acknowledge that each parent is responsible for their respective child and the Coach is responsible for the team consisting of each child participant, and each of them including the parent of any child participant take full responsibility and assume the risk of any conduct and behavior of the organization, school, Coach and/or child as it relates to SLANT. Under no circumstances shall Big Thought be responsible or in any way liable for the conduct or behavior of the organization, school, Volunteer including the child participant, his or her parent and/or the Coach, or any of them, with which said child, organization or Coach or anyone else which a Volunteer could be associated.
2. I acknowledge that the Activity entails both known and unknown or unanticipated risks that could result in injury or damage to me or my property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing some of the essential qualities of the Activity.
3. I understand that Big Thought could not offer participation in the Activity unless it took steps to protect itself from liability, and that is the purpose of this form. I have chosen to participate in the Activity as a Volunteer without pay, and with full knowledge and prior disclosure to me of the risks and hazards involved in the Activity.
4. I understand that the Activity may be strenuous and may also involve a risk of personal injury or property damage. I am medically fit to participate in the Activity and each Volunteer for which I am a parent or guardian is also medically fit, and that none of us has a known or suspected health condition (including, but not limited to, preexisting injuries, illness or pregnancy) that prohibit or limit our participation in the Activity. I agree to assume the risk of any medical or physical condition that I may have. I agree to bear the costs of any injury to me or damage to property that I may cause or suffer while participating in the Activity.
5. For the same consideration and without conflict with the foregoing, I hereby release and discharge Big Thought from any actions, causes of action, claims, demands, costs and expenses on account of or in any way growing out of my participation in the Activity, my use of any equipment or facilities, or travel to and from any events related to the Activity, **including any claims that allege negligent acts or omissions of Big Thought.** I acknowledge and agree that transportation to and from SLANT-related Activities including any culminating event is **not** the responsibility of Big Thought.
6. I, the parent/guardian of the participant listed below and whose signature appears below, give my consent for emergency medical and/or surgical treatment in a licensed hospital/clinic by a licensed physician should the condition require it in my absence. I further agree that I will be responsible for the entire cost of the emergency medical and/or surgical treatment.
7. I, the undersigned, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, hereby (1) authorize Big Thought the unrestricted and irrevocable right to photograph, video and record me in connection with Big Thought program(s) in which I am participating, have participated or will participate ("Programs") and (2) grant to Big Thought the unrestricted and irrevocable right to use, publish, reproduce, edit, adapt, modify, exhibit, project, distribute, and display such photographs, videos and recordings, and my name, image and likeness, voice and statements and story (collectively, the "Content"), in any form of media now known or later



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developed(including without limitation print, digital, electronic, visual, broadcast, Internet and social media, or otherwise), individually and in conjunction with other content, throughout the world and beyond into perpetuity.

8. Big Thought will own all of the Content and any other results generated by myself as part of my participation in Big Thought Programs, and any physical material to which such Content is affixed, including but not limited to any videotapes, photographs, print materials, canvas, poster boards or digital media. I release and waive any claims whatsoever in connection with the use of the Content as expressly authorized above, including, without limitation, any claim of rights of privacy, publicity, copyright infringement, defamation, so-called "moral rights," or credit. I also release and waive any right I may have to inspect or approve the Content or any use thereof as expressly authorized above. Additionally, I waive the right to any royalties or other compensation relating to the use of the Content.
9. I hereby hold harmless and release and forever discharge Big Thought and all persons, corporations or legal entities acting with its permission or upon its authority, from any and all claims, demands, and causes of action which I, my heirs, representatives, executors, administrator's, or any other person acting on my behalf or on the behalf of my estate have or may have by reason of this agreement or the use of the Content as expressly authorized hereunder.
10. I acknowledge that Big Thought is conducting its activities in express reliance upon the foregoing, and I represent and warrant that I am not a party to any other existing agreement which would prevent me from entering into this agreement or granting the above rights to Big Thought or which would cause the terms of this agreement not to have full force and effect.

In the event that you (or the minor for whom you are signing below) have experienced or are experiencing any **condition, disability**, or illness that you, **to any extent**, know, believe, suspect, or contemplate may, **in any way whatsoever**, impair your (or the minor's) or others' ability to participate in the Activity, or to **perform any task or act required or ordinarily occurring** during the Activity, **IMMEDIATELY NOTIFY** the person or persons directing or responsible for the Activity.

MUST BE COMPLETED FOR YOUR CHILD TO PARTICIPATE AS A VOLUNTEER IN SLANT ACTIVITY

Youth Participant Name: _____

Parent/Legal Guardian Name: _____

Phone #: _____

Parent or Legal Guardian Signature

Date