



Kids in Action Network



EVERYONE HAS A STORY.
EVERY ONE MATTERS.

MY STORY Event Event Registration

Participant Last Name	First Name	Age
E-mail Address		
Cell Phone #		
Name of Parent/Guardian/Emergency Contact:		
Cell Phone # of Parent/Guardian/Emergency Contact:		

PARTICIPATION AGREEMENT

While participating, all participants shall:

- Respect the rights, safety, and property of others
- Not participate in obscene and/or discriminatory language
- Not be insubordinate to staff or assistants
- Not possess or use weapons, alcoholic beverages, tobacco and/or illegal drugs during the event.
- Abide by all rules of the event
- Pay any costs related to damage or destruction of property that he or she incurs, including any property damage to other participants or to third parties. Such costs will be charged to the participant

Disciplinary action Penalties and/or disciplinary action for infractions of this code of conduct may include

- Removal of participant from activity/premises
- Being held responsible for the cost of repairs in the event of damage/destruction of property
- Releasing the member to the nearest law enforcement agency and/or the proper authorities

By my signature below, I acknowledge that I have read and agree to abide by the guidelines in this document. I am aware that if I violate the agreement, the staff may, at their sole discretion, terminate my participation.

Participant's Signature

Date

Participants under 18 must have parent/guardian signature:

I give permission for my son/daughter to participate in the My Story event and understand the nature of the event as well as all possible consequences and liabilities of such participation.

Parent's Signature (required)

Date



Kids in Action Network

PRESENTS

a MY STORY Event



PARENT PERMISSION, AGREEMENT, & RELEASE

I am aware and understand that my child's participation in any activities and/or events sponsored by KIDS IN ACTION NETWORK (KAN) is voluntary. I also understand these activities and/or events may be inherently dangerous and could cause serious illness, injury, permanent disability, or death, and I assume all risks for any such illness, injury, disability, or death during or after the event.

I am aware and acknowledge my understanding that KIDS IN ACTION NETWORK (KAN) will not provide transportation to and from any activity and/or event. By signing below, I acknowledge that it is the parents'/guardians' responsibility to provide safe transport to and from any KIDS IN ACTION NETWORK (KAN) event.

I hereby acknowledge that I knowingly and voluntarily assume all liability for and agree to save, indemnify, defend and hold KIDS IN ACTION NETWORK (KAN), its officers, agents and employees, harmless from any and all claims or demands of any sort or nature for damage or injury to persons or property caused by the acts or omissions of myself and my Child related to any and all activities and/or events sponsored by KIDS IN ACTION NETWORK (KAN) however they may occur and for whatever period they may continue during or after the event.

I expressly understand and agree to assume all risks associated in any way whatsoever with my Child's participation in any and all activities of KIDS IN ACTION NETWORK (KAN) both during and after the event. It is expressly understood that all such risks, and potential losses, damages or injuries are not known and cannot be determined as of the date of this Agreement, but it is the express intent of the undersigned parties that this assumption of risk apply to any and all such unknown risks, damages, losses and injuries before, during, or after the event.

To the fullest extent permitted by law, I hereby release, waive, discharge, and relinquish any action or causes of action, which may hereafter arise for myself, my estate, or my heirs, executors, administrators, and assigns, and I agree that under no circumstances will I or my heirs, executors, administrators, and assigns prosecute, present any claim for loss, personal injury, bodily injury, property damage, emotional distress, or wrongful death against KIDS IN ACTION NETWORK (KAN) or any of its officers, agents, or employees for any causes of action, whether due to the negligence of any said persons or otherwise.

_____ PARENT INITIAL

Your son/daughter will be participating in a MY STORY event. The MY STORY event will most likely be a powerful and emotional experience for your son/daughter. The goal is to show that when we hear each other's stories in an honest and authentic way, we gain a better understanding of not only the person who told their story but about ourselves as well. Empathy, understanding, kindness, and community are the hallmarks of a MY STORY experience. For additional description, you may view MY STORY videos at www.vimeo.com/themystoryfamily

While no participant is required to speak during the event, they may do so, and all participants will be hearing the experiences of others. These stories and discussions may be sensitive, personal, or mature in nature. Confidentiality of shared stories cannot be guaranteed, especially in the age of social media.

_____ PARENT INITIAL

I hereby give permission for KIDS IN ACTION NETWORK (KAN) to take and use photographs/film where that may be viewed by the public. I also consent to use of the photos for publicity, marketing, and advertising for KIDS IN ACTION NETWORK (KAN) for publicity or film. I agree that the photos/film may be combined with other images, text and graphics and be cropped, altered or modified in any way which KIDS IN ACTION NETWORK (KAN) deems appropriate. I understand that I may cancel this permission in writing and that KIDS IN ACTION NETWORK (KAN) will take all reasonable steps to ensure that the photograph/film is withdrawn from future use.

_____ PARENT INITIAL

I have read, understood, and initialed the foregoing and voluntarily sign this agreement.

_____ Participant Name

_____ DATE

_____ Parent/Guardian Name (Print)

_____ Parent/Guardian Signature

This permission form must be signed and on file for all participants of The My Story Event.

LAS VIRGENES UNIFIED SCHOOL DISTRICT
WAIVER AND RELEASE AGREEMENT REGARDING
CHILD PARTICIPATION IN KIDS IN ACTION/KIDS HELPING KIDS NONPROFIT CHARITY

Participant: _____

Name of School: _____ School Year: _____

By my signature below, I hereby give permission for my child or ward ("Child") to participate in any and all events and/or activities sponsored by the KIDS HELPING KIDS/KIDS IN ACTION ("KIA") nonprofit charity for the above-referenced school year. I am aware and acknowledge my understanding that the LAS VIRGENES UNIFIED SCHOOL DISTRICT ("District") is not affiliated in any way with KIA. I further acknowledge my understanding that KIA is a completely separate legal entity from the District, and that the District does not sponsor, control, or promote the activities and/or events of KIA in any way.

I am aware and understand that my Child's participation in any activities and/or events sponsored by KIA is voluntary and unrelated to my Child's enrollment and academics at the District. I also understand these activities and/or events may be inherently dangerous and could cause serious illness, injury, permanent disability, or death, and I assume all risks for any such illness, injury, permanent disability, or death.

I am aware and acknowledge my understanding that the District will not provide transportation to and from any activity and/or event sponsored by KIA. By signing below, I acknowledge that it is the parents'/guardians' responsibility to provide safe transport for District students to and from any and all activities and/or events sponsored by KIA, however they may occur and for whatever period they may continue. The registered owner of the vehicle and his/her insurance company are responsible for any accidents that may occur. I acknowledge that California Law (Education Code 35330) provides that any person taking a field trip or excursion waives all claims against the school district or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion.

I hereby acknowledge that I knowingly and voluntarily assume all liability for and agree to save, indemnify, defend and hold the District ("District"), its officers, agents and employees, harmless from any and all claims or demands of any sort or nature for damage or injury to persons or property caused by the acts or omissions of myself and my Child related to any and all activities and/or events sponsored by KIA, however they may occur and for whatever period they may continue.

I expressly understand and agree to assume all risks associated in any way whatsoever with my Child's participation in any and all activities and/or events sponsored by KIA. It is expressly understood that all such risks, and potential losses, damages or injuries are not known and cannot be determined as of the date of this Agreement, but it is the express intent of the undersigned parties that this assumption of risk apply to any and all such unknown risks, damages, losses and injuries.

To the fullest extent permitted by law, I hereby release, waive, discharge, and relinquish any action or causes of action, which may hereafter arise for myself, my estate, or my heirs, executors, administrators, and assigns, and I agree that under no circumstances will I or my heirs, executors, administrators, and assigns prosecute, present any claim for loss, personal injury, bodily injury, property damage, emotional distress, or wrongful death against the District or any of its officers, agents, or employees for any causes of action, whether due to the negligence of any said persons or otherwise. I have read and understand the foregoing and have voluntarily signed this Agreement.

Parent/Guardian Signature

Participant Signature

Date

Parent/Guardian Name (Please Print)

Phone Number

Street Address City State Zip Code

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