



Alliance for a Healthier Generation Youth Advisory Board RELEASE and INDEMNIFICATION (Permission Slip)

Activities of the Youth Advisory Board will include, without limitation, in-person meetings, emailing, internet based meetings, seminars, phone calls, instant messaging, other forms of online communication necessary to stay connected with Youth Advisory Board Members, Alliance for a Healthier Generation staff and others. Activities at the Youth Advisory Board “in-person” meetings may include activities and off site excursions that may involve vehicular transportation or walking which include the risk of being exposed to potential hazards and risks inherent in such activities including but not limited to vehicle accidents, physical exertion, falls, burns, cuts and contact with other participants. I hereby acknowledge these risks and expressly assume all risks, including personal injury and fatality, arising out of my child’s participation in the Youth Advisory Board “in-person” meetings and related activities.

I acknowledge and agree that it is my responsibility to ensure that my child’s clothing and equipment are appropriate and properly fitted for use in included activities. I represent and warrant that my child is physically fit and able to participate in the Youth Advisory Board. My child has been instructed to stop and request assistance if he/she experiences any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions that would make participation in activities difficult or unsafe to continue. I agree, for myself, my heirs, executors and administrators, not to sue and to release, indemnify, defend and hold harmless the Alliance for a Healthier Generation, the William J. Clinton Foundation, and the American Heart Association, Inc., their affiliates, officers, directors, volunteers, employees and agents, and all sponsoring businesses and organizations and their agents and employees, from and against any and all liability, claims, demands, and causes of action whatsoever, arising out of or brought in connection with my child’s participation in this event and related activities – whether resulting from the negligence of any of the above or from any other cause.

Furthermore, I authorize the use or publication of my child’s name, image or voice as may be captured by photograph or recording while participating in this event in any medium for any purpose, including illustration, promotion or advertisement. The copyright(s) in such photograph, recording, illustration, promotion or advertisement or other material shall be owned by the Alliance For a Healthier Generation, the William J. Clinton Foundation and the American Heart Association.

The foregoing release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect. I have read, understand and agree to the terms of this Agreement.

I am the legal guardian of the participant, and I hereby consent to his/her participation. I have read and explained the foregoing release and indemnification agreement to my child, and I hereby agree to its terms on behalf of myself and the Participant.

Participant’s Printed Name

Parent/Guardian’s Printed Name

Participant’s Signature

Parent/Guardian’s Signature

Name of Participant’s School

____/____/_____
Date Signed

Please send this permission slip signed and dated by both participant and parent to:
The Alliance for a Healthier Generation
Attention: Lizeth Sanchez
610 President Clinton Ave., Suite 200
Little Rock, AR 72201