

**WAIVER AND RELEASE, EMERGENCY MEDICAL CARE AUTHORIZATION,
MEDIA RELEASE FOR YOUTH UNDER 18 AT TGS EVENTS OR ACTIVITIES**

PLEASE NOTE: All youth under 18 years old must have a registered, supervising adult

Youth's Name: _____ Date of birth: _____

Supervising Adult: _____

Group Name (if any): _____

I, the undersigned, wish to allow my minor child to volunteer services to the activities of The Giving Spirit ("TGS"), a nonprofit California charitable corporation. The main activity involves the assembly of survival kits for homeless persons in a large community hall space and the distribution of the kits to homeless persons in areas of Los Angeles by rented or private vehicles. Other related activities occur throughout the year. There is no requirement that minors participate in the actual distribution of kits directly to the homeless. By TGS policy, youth are not permitted to participate in any TGS activity without a supervising adult known to TGS as shown on this release.

In consideration for permission by TGS for your child to participate in its activities, I hereby agree to the following:

ASSUMPTION OF THE RISK AND RELEASE

1. I fully understand and acknowledge that, as with any activity, there are inherent risks and hazards in TGS activities, which may be performed by my child or around which my child may be exposed as a TGS volunteer. These numerous risks include (without limitation) (a) physical activity, including work with and/or around heavy items such as moving equipment, heavy boxes and full duffle bags, (b) working in an assembly environment among other volunteers inside and outside of a large hall with constant activity and premises risks, (c) working in and around vehicles, including SUV's, cargo vans and trucks, and (d) if participating in the distribution of assembled kits to homeless persons (which is not required) using private or rented vehicles either as a driver or a passenger, risks include (without limitation) criminal or tortious acts committed by third persons (such as shoving in crowds or grabbing gift items), traffic accidents and vehicle damage; and (e) at all times: driving or riding in vehicles for TGS-related work, working in and around TGS' storage facility, visiting unfamiliar businesses, private and/or public institutions, in unfamiliar areas while promoting or working on behalf of TGS activities.

2. I (we), as parent(s) or guardian(s) of the minor, do hereby, for my child and myself, my heirs, executors, and administrators, expressly assume any and all risk, known or unknown, and agree to release TGS for all liability for such risk, including (without limitation) risk of any accident or injury to person or property which my child may sustain in connection with his or her participation as a TGS volunteer or in any TGS-related project or activity.

3. I (we), for myself and for the minor on whose behalf I am signing this release, hereby expressly release, indemnify and forever discharge TGS, its board of directors, officers, employees, volunteers, and agents, from any liability, claims, demands, expenses and legal fees that in any way relate to his or her participation in TGS affiliated activities. I fully recognize and understand that if my child is

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injured, dies, or his or her property is damaged, I am giving up any legal right for myself and my child to make a claim, demand or file a lawsuit against TGS, or its board of directors, officers, employees, volunteers and agents, even if they (or any one) by negligent act or omission cause the injury or damage.

PARENT AND HEALTH CERTIFICATIONS

4. I hereby warrant that the minor is my son/daughter and that his/her date of birth is as stated above and certify that, to the best of my knowledge, my minor son/daughter is in good health.

5. In case of illness or accident, permission is granted for emergency treatment to be administered. It is understood that the undersigned will assume full responsibility for any such action, including payment of costs. I hereby advise that the above minor has had all of the following allergies, medicine reactions, unusual physical conditions or any other medical history that should be known to a treating physician (if “none”, please state).

MEDIA PERMISSION

6. I further irrevocably grant to TGS, its assigns and successors, my consent and full right to: use my child’s name, photograph, likeness, image, voice and biography, in connection with his/her TGS volunteer participation in any and all of TGS’ media, publications, advertising, and publicity, including its website and social media.

PARENT OR LEGAL GUARDIAN CONSENT

I hereby understand and agree to this Waiver and Release, Emergency Medical Care Authorization and Media Release for my minor child as stated above (only one parent/guardian signature required):

Minor child’s name: _____

Parent/ Guardian #1 Name (print): _____

Signature: _____ Date: _____

Address City Phone

Email: _____

Parent/ Guardian #2 (if necessary) Name (print): _____

Signature: _____ Date: _____

Address City Phone

Email: _____