

THE COMPTON INITIATIVE

EFFECTIVE 9/1/09 THROUGH 9/1/10

CLEAN-UP DAY

PARENTAL CONSENT AND RELEASE OF LIABILITY

I, _____ (please print parent's name) agree to allow _____ (please print child's name), to volunteer for The Compton Initiative's Clean-Up Day program.

I understand that my child's participation in the Clean-Up Day program is purely voluntary, without any expectation of payment or remuneration of any type, and he or she will not be covered under the The Compton Initiative's workers' compensation insurance policy.

I hereby certify that my child is medically fit to perform the types of physical activities associated with the Clean-Up Day program. If there is any question regarding my child's medical fitness, I agree to seek a medical consultation before I he or she participates in the Clean-Up Day program.

I hereby fully release and discharge The Compton Initiative, its employees, property owners and other volunteers from any injuries my child may suffer that are related in any way to his or her volunteering for the Clean-Up Day program.

I fully understand this Parental Consent and Waiver, and I am aware that this is a release of liability and that I am **GIVING UP MY RIGHT TO SUE THE COMPTON INITIATIVE**, its employees, property owners or other volunteers for any injury suffered by my child as a result of his or her participation in the Clean-Up Day Program.

I also give full permission for representatives of The Compton Initiative and/or Emmanuel Reformed Church in Paramount, California to capture video, audio, and still images of me to be used to celebrate the events of the Clean-Up Days and to promote similar events for The Compton Initiative and Emmanuel Reformed Church anywhere in the Universe. I waive any rights to compensation and ownership or restriction of this usage.

Signature _____
Parent or Legal Guardian Signature _____ Date _____

Parent/Guardian's Address: _____
City _____ State _____ Zip _____

Parent/Guardian's Telephone No.: _____

Parent/Guardian's e-mail: _____

Second Emergency Contact: _____
Name _____ Telephone No. _____

Organization: (i.e. Saddleback Church) _____