

THE COMPTON INITIATIVE
CLEAN-UP DAY
PARENTAL CONSENT, RELEASE OF LIABILITY
AND PERMISSION TO BE PHOTOGRAPHED/TAPED

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 Compton Initiative's or Emmanuel Reform Church's ("ERC") or Adrian Court Productions, Inc. ("ACP") 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 he or she participates in the Clean-Up Day program.

I hereby fully release and discharge The Compton Initiative, ERC, and ACP, their respective employees, property owners and other volunteers from any injuries or losses 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 document, and I am aware that this is a release of liability and that I am **GIVING UP MY RIGHT TO SUE THE COMPTON INITIATIVE OR ERC OR ACP**, their respective employees, property owners or other volunteers for any injury or loss 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 AEP, The Compton Initiative and/or ERC in Paramount, California to capture video, audio, still images or any other personal identification characteristics of my child to be used in any manner, throughout the universe, in perpetuity, in any and all media, now known or hereafter devised, including the right to edit, delete, dub and/or fictionalize such materials. I waive any and all rights to compensation and ownership of such materials or to restrict usage of such materials.

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) _____