



**Epilepsy Family Picnic**  
Wilderness Park  
Downey, CA  
June 18, 2011



**PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING**

By signing this agreement and participating in the Family Programs and other Educational-Social Programs of the Epilepsy Foundation of Greater Los Angeles (EF-GLA), as well as using equipment and facilities for these activities, you will be waiving and releasing all claims for injuries or loss of property damage that you (or your child) might sustain arising in any manner out of this program or the use of facilities or equipment in connection with such program. THIS FORM MUST BE FILLED OUT FOR EACH PARTICIPANT AND RETURNED TO THE EF-GLA OFFICE OR REPRESENTATIVE PRIOR TO PARTICIPATION IN THE PROGRAM; OTHERWISE THAT PARTICIPANT WILL NOT BE ALLOWED TO PARTICIPATE.

**Photographic Release:** In consideration of the furtherance of the purpose of the Epilepsy Foundation of Greater Los Angeles (EF-GLA) and its partners and sponsors, I hereby grant permission to the same, to their officers, agents, employees and volunteers to take photographs or video of me (or my child) and to use my name in connection with any and all such photographs, video, news releases, and stories for any purpose they may deem proper. In granting such permission, I hereby relinquish any right, title, and interest I may have in such photographs, video, news releases, and stories and grant the EF-GLA the right to use these products.

**Transportation:** Participant acknowledges and understands that EF-GLA is not in the busing/transportation business. Participant acknowledges and understands that all busing/transportation is being provided by a private charter company and that for any incident, injury and or damage arising out of said busing/transportation, any legal recourse and/or remedy must be exclusively initiated against with that charter company. I hereby release EF-GLA, as well as its directors, officers, administrators, employees, or other agents from all liability or damages for any and all injuries arising from the negligence of any of the above while traveling to this activity via private/charter transportation.

**Acknowledgement of Risk or Injury Clause:** As a participant in the program, I recognize the risk and acknowledge that there are certain risk of physical injuries, including death, damages, property damage, or loss which I (or my child) may sustain as a result of participating in any and all activities connected with such program, or the use of facilities or equipment in connection with such program. **Waiver of Claim for Injury Clause:** I agree to waive and relinquish all claims that I (or my child) may have for injuries or damages, as a result of participating in the program or using the facilities or equipment, against the EF-GLA and their officers, agents, employees, and volunteers.

**Release from Liability Clause:** I do hereby fully release and discharge the EF-GLA, and their officers, agents, employees, agents and volunteers from any and all claims of injuries.

**Indemnity and Defense Clause:** I further agree to indemnify and hold harmless and pay defense costs and defend the EF-GLA and their officers, agents, employees, and volunteers from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me (or my child) and rising out of, connected with, or in any way associated with the activities of the program or the use of the facilities or equipment. The undersigned, in case of emergency and in event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment by a physician or hospital selected by the Program Coordinators. Such permission shall include any and all medical treatment which is necessary or desirable in the absolute discretion of any such physician or hospital. The undersigned recognizes the right of the Program Coordinators, in their absolute discretion, to terminate a participant's participation at any time due to disciplinary or medical actions which might jeopardize the participant's or other participant's health, safety, or well being during these activities. The undersigned further agrees to pick up the participant immediately upon being notified of such termination.

Participant or Family Name: \_\_\_\_\_

Legal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian of Participant under 18 yrs