

Valley View Vaulters



Waiver Packet

Valley View Vaulters Photography Consent Form and Release



I, (print name) _____ hereby grant permission to Valley View Vaulters and its representatives, to take and use: photographs and/or digital images of me for use in news releases and/or promotional materials. These materials may include printed or electronic publications, website, or other electric communications. I agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints and digital reproductions shall be the property of Valley View Vaulters and its representatives. Photo images may be obtained through email request to: valleyveiwvaulters@gmail.com

As a further condition of my attending, participating, spectating, or volunteering in all activities with Valley View Vaulters, I grant Valley View Vaulters perpetual and non-revocable permission to use my name, photographs and video in which image, voice and likeness appears in connection with my participation in or spectating activities with Valley View Vaulters and further grant permission to display, publish, distribute, use, print and reprint such images, voice and likeness, and the right to employ such images, voice or likeness in advertising and promotions for Valley View Vaulters including and advertisements, or media and electronic display and transmission thereof (herein "Likeness Rights"). I release Valley View Vaulters from any and all liability for damages for use in any manner or media of the Likeness Rights, and waive any and all claims and causes of action for damages for use of the Likeness Rights including but not limited to unauthorized use of my likeness, image, voice character or persons; violation of my right or privacy; and for copyright or moral rights infringement, defamation, or being cast in a bad light. I understand and agree that this Agreement is a full and final release covering all known and unknown and anticipated injuries, debts, claims or damages to me that have arisen or may have arisen from any matters, acts, omissions or dealing released in this agreement, including but not limited to the use of the Likeness Rights.

I have read the above Waiver and Release, and understand that by signing below, I have given up substantial rights on behalf of myself or my child. Name of Participant (printed):

Signature of Participant Parent or Legal Guardian:

Name of Vaultler

Printed Name of Parent or Legal Guardian:

Date:

Valley View Vaulters Waiver and Release of Claims/Hold Harmless Agreement/ (Parental Consent – Minor Participation)

**11295 Orcas Avenue | Lake View Terrace, California 91342
818-302-0153 | valleyviewvaulters@gmail.com | www.valleyviewvaulters.com**

In consideration of this participant being allowed to vault and or/ride a horse owned, leased or borrowed or under the instruction of Valley View Vaulters / Rick Hawthorne, the undersigned agrees of the following:

I agree that vaulting and horseback riding are sports that carry inherent risk and damage to property and myself. I knowingly assume all risk, whether known or unknown, of vaulting and horseback riding. Knowing these facts, I nevertheless in consideration of your acceptance of this form or myself and my heirs, executors and administration hereby indemnify, waive, release, discharge and hold harmless Valley View Vaulters / Rick Hawthorne / Donna Hensley and all individual members thereof, and all other persons and organizations in any way connected with Valley View Vaulters against all claims, demands and cause of action including court cost and actual attorney fees, directly or indirectly arising from any action or proceeding brought by or prosecuted from my benefit in which this is upheld.

In consideration of my participation in this club and in any events organized or sponsored by the club, I waive, release and discharge Valley View Vaulters / Rick Hawthorne and Donna Hensley their directors, officers, agents, members, their representatives, heirs, executors and all other persons and organizations connected against all claims of liability for injury or damage to myself.

This release is intended to and hereby discharges in advance the persons or entities named above from all liability arising out of or connected to in any way, to my participation or my child's participation in vaulting or horseback riding even though that liability may arise out of negligence or carelessness on the part of the persons or entities named and release above.

I hereby grant permission to Valley View Vaulting and its representatives, to take and use: photographs and/or digital images of me/or child for use in news releases and/or promotional materials. These materials may include printed or electronic publications, websites, social media or other electronic communications. I agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without any compensation to me. All negatives, prints and digital reproductions shall be the property of Valley View Vaulters and its representatives. Photo images may be obtained through email request to: <mailto:valleyviewvaulters@gmail.com>

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Parent or Legal Guardian Must Sign this Section for All Minor Participants:

Participant's Name: _____ Date of Birth: _____

Participant Signature (if over 18): _____ Date: _____

Parent/ Guardian Signature (if under 18): _____

Date: _____ Phone #: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Valley View Vaulters Authorization to Consent for Treatment



"(I) (We), _____ the undersigned, parent(s) of the minor(s) listed below, do hereby authorize any adult member of the Valley View Vaulters into whose care the minor(s) has been entrusted, as agent(s) for the undersigned, to consent to any x - ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician / surgeon licensed under the provisions of the Medical Practice Act of California on the staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of my (our) aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California."

Minor's Name: _____ Birth Date: _____

Emergency Contact Name: _____ Relationship: _____

Phone # 1: _____ Phone #2: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Physician: _____ Dentist: _____

Insurance Provider: _____ Insurance Co. Phone #: _____

Group Number: _____ Subscriber Number: _____

Please provide a copy of insurance card, if (available)

List any medications minor may have for use daily or as necessary: _____

Date of most recent tetanus shot: _____

Signed: _____ Date: _____

Print Name: _____ Relationship to Minor: _____