



111. W. Ocean Blvd. Suite 400 ♦ www.wysm.org
Long Beach, CA 90802 ♦ info@wysm.org

Our mission is to reduce acts of violence between police and the community.

ADULT PROGRAM CONSENT FORM

The mission of “Why’d You Stop Me?” is to reduce acts of violence between the police and the community. This interactive and powerful presentation is based off the simple equation:

$$E + R = O$$

“Events” occur in our life. How we chose to “React” to these events is what determines the “Outcome” of each situation. A positive reaction to ANY event should produce a positive outcome. We believe that our program helps participants positively react in the event they come into contact with a police officer and in turn creates safer communities.

Dear Participant,

Thank you for your willingness to participate in the “Why’d You Stop Me?” program (“Program”). Please carefully read the statements below and after you have understood what you have read, sign the form.

Thank you again for your support – we are proud to serve you and your community!

FILL IN THE INFORMATION BELOW:

Participant Information:

Full Name: (Print) _____ **Date of Birth** _____

Home City: _____ **Home Zip:** _____

Location of Program:

Event Organizer:

*****THIS FORM MUST BE SIGNED AND RETURNED TO WYSM BEFORE THE START OF THE PROGRAM*****

General Release of Liability: I hereby consent to participation in the Program. I understand that there are risks associated with my participation in the Program, which includes but is not limited

Board of Directors

Jason Lehman, Founder/Executive Director

Matt Saldana, President

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to, being exposed to profane language, video footage of acts of violence, all of which may be offensive to you. I also understand that my participation in the Program may include involvement in personal physical demonstrations/personal physical simulation of law enforcement restraint techniques and/or other physical law enforcement techniques (which will be used for demonstration purposes only), I also acknowledge, appreciate, and agree that there is a risk of injury from the activities involved in my participation in the Program and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF any of the participants in the Program or any of the agents, employees, contractors or other representatives of WYSM or others, and assume full responsibility for my participation in the Program. Understanding the risks associated with my participation in the Program, I HEREBY RELEASE AND HOLD WYSM (and any of its agent, employees, contractors, volunteers, other participants, sponsoring agencies, sponsors, advertisers, if applicable, and owners, and lessors of premises used to conduct the Program (“RELEASEES”), HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to Participant or the property of Participant, or any expense or any kind WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

Photo, Video, and Likeness Release: I hereby grant WYSM permission to use my likeness involving my participation in the Program, in photographs, videos, sound recordings, demonstrations, presentations, advertisements, marketing materials or in any and all of WYSM’S publications and in any and all other media (hereafter referred to as “Media”) whether now known or hereafter existing, controlled by WYSM, in perpetuity, and for other use by WYSM. I will make no monetary claim or other claim, action, cause of action against WYSM for the use of the Media.

***I have read and understand this Consent and Liability Release, and Photo, Video, and Likeness Release, and have full legal authority to execute this document and do so of my own will.**

I agree to participate in any evaluation surveys, open discussions, and any and all other activities related to the WYSM Program.

Printed Name of Participant

Participant’s Signature

Date

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