Meharry-Vanderbilt-TSU Cancer Partnership
5 Alive! Teen Video Challenge

Authorization & Release Form

IMPORTANT! THIS FORM MUST BE COMPLETED FOR THE PRODUCER, ANY CO-PRODUCERS, AND EACH PERSON APPEARING IN THE VIDEO

I, the parent and/or guardian of the minor child, ________________________________, being _______years of age, hereby give permission for my child to participate in a 5 Alive! Teen Video Challenge (hereinafter “Activity”) conducted by the Meharry Medical College, Vanderbilt University, and Tennessee State University (including the Tennessee Board of Regents and the State of Tennessee; collectively, referred to as “TSU”) Cancer Partnership (collectively referred to as “Parties”) on September 10, 2018 – December 31, 2018. I understand that my child will be voluntarily participating in activities which may expose him/her to some level of risk or injury. Notwithstanding the inherent risks, I wish to assume the risk for my child by allowing him/her to voluntarily participate in this Activity. I agree and understand that the Parties accept no responsibility for my child’s acts or the acts of others while participating in this Activity. I will not seek to hold the Parties liable for any injuries incurred by my child in connection with the Activity whether caused by equipment or the acts or omission of others except damage or injury solely caused by the gross negligence or willful misconduct of the Parties.

Furthermore, in consideration of the Parties allowing my child to participate in this Activity, I do agree to and hereby do release, discharge, hold forever harmless and indemnify the Parties and its trustees, agents, officers, servants, and employees against loss from any and all claims of ordinary negligence, demands, rights, or causes of action of any kind or nature that may hereafter at any time be made or brought by the said child, by anyone on behalf of my child, by me, or by any other person having a legal interest therein arising from or by reason of any and all known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by said minor child or me, in consequence of any accident or injuries on the premises of the Parties or in connection with the Activity, except such liability or claim of liability as may result from the gross negligence on the part of Parties. Said indemnification shall include, but not be limited to, court costs and attorneys' fees. Furthermore, I agree to indemnify the Parties for any loss or damage to the premises, facilities, or equipment of the Parties caused by my child. This release also prevents my family, including, but not limited to, my spouse, siblings, parents, heirs, assigns and estate, from suing the Parties.

I further grant and convey unto the Parties all right, title and interest in any and to all photographic images and video or audio recordings and all copies thereto made by the Parties during my child’s participation in the activity, including but not limited to, any royalties, proceeds or other benefits derived from such photographs or records.
CAUTION: READ BEFORE SIGNING

By signing below, I acknowledge that I am 18 years of age or older and understand that I am entitled to have an attorney of my own choosing to review the release prior to signing. I have read the foregoing Release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of ordinary negligence as defined above resulting from my child’s participation in this Activity.

Print Name of Child

____________________________  ______________________________
Print Name of Parent/Guardian

Parent/Guardian Signature  Date

Street Address: __________________________________________________________

City: __________________________ State: _____ Zip code: ________

Parent/Guardian Phone: ______________________________________________________

Parent/Guardian E-mail address: _____________________________________________

Child Phone: __________________________

Child E-mail address: _______________________________________________________

Witness Signature (Adult; 18 or older)  Date

Participants in your video who are 18 or older – Fill in below

Print Adult Name (18 or older)

_________________________________________  ____________________________
Adult Signature  Date