

**NORTHWEST FILM FORUM MEDICAL AND LIABILITY RELEASE FORM**

*This information is necessary for your participation in Northwest Film Forum programming. If you are under 18, a signature from a parent or guardian is required.*

**PARENT/GUARDIAN RELEASE & HOLD HARMLESS AGREEMENT (Initial each statement & sign below)**

I grant permission for \_\_\_\_\_ (name of participant) to participate in the Northwest Film Forum Camp \_\_\_\_\_ (name of camp), held at the Northwest Film Forum, 1515 12<sup>th</sup> Avenue, Seattle and other nearby outdoor areas \_\_\_\_\_ (initial)

I hereby hold harmless Northwest Film Forum, their employees, officers and agents, and any group leaders, from any and all responsibility and liability of any nature that may arise from the participation of the named participant in the gathering. \_\_\_\_\_ (initial)

**Activities off site:** I understand that the camp activities may take place both inside the Northwest Film Forum building as well as nearby outdoor areas, including Cal Anderson Park, in the Capitol Hill neighborhood. I give my permission for my child to take part in these outdoor activities. \_\_\_\_\_ (initial)

**Insurance:** It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all Northwest Film Forum activities. I understand that Northwest Film Forum does not provide any accident or health coverage for its participants. \_\_\_\_\_ (initial)

**Media Release:** I give permission for Northwest Film Forum to use photos or videos of or created by the above-named participant for purposes of non-commercial illustration, fundraising, advertising, publication, or broadcast anywhere and at any time. I expressly release Northwest Film Forum from any and all claims that I have or may have for invasion of privacy, defamation, or any other cause of action arising out of the use of these photographs and video. Recordings and statements of, by, or about the above-named participant may be used indefinitely by the organization in any medium, including but not limited to: print, web, video, audio, or television. \_\_\_\_\_ (initial)

Further, I understand that:

a) Northwest Film Forum may distribute video and other creative content created by the above-named participant, through DVD sales, websites and related media distribution platforms, in whole or in part without restrictions or limitation, for any educational or promotional purpose that the organization deems appropriate. \_\_\_\_\_ (initial)

b) Northwest Film Forum may champion youth-produced creative work by including it in Children’s Film Festival Seattle, Local Sightings Festival, or submitting it to film festivals and other contests on the behalf of its producers. I understand that youth producers will be informed of festival screenings, and will be given the opportunity to attend those festivals, at their own cost, whenever possible. If a youth-produced work wins a cash (or other type of) prize, I agree to donate this back to Northwest Film Forum to help fund festival submissions and filmmaker travel. \_\_\_\_\_ (initial)

**Medical Treatment:** In the event of an emergency, I give permission that the above-named participant may be given emergency treatment by a staff member of Northwest Film Forum. I also give permission for this participant to be transported by ambulance or aid car to an emergency center for treatment. In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care, treatment, and procedures to be performed by a licensed physician or hospital selected by the Northwest Film Forum staff when deemed immediately necessary or advisable by the physician \_\_\_\_\_ (**initial**)

**I have read, initialed and understand the above and have completed it to the best of my ability.**

**I understand and agree to the above conditions. I sign this form freely and without inducement.**

Participant Name (Please Print)

\_\_\_\_\_

Parent or Guardian Name (Please Print)

\_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Parent/Guardian Signature (or youth if over 18)

\_\_\_\_\_

Parent/Guardian emergency contact phone number:

\_\_\_\_\_

Alternate Emergency contact number \_\_\_\_\_

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