## MANDARINS OF SACRAMENTO INC. PARTICIPANT MEDICAL AND MEDIA FORM

(Please Print)

## PERMISSION SLIP/WAIVER/RELEASE OF LIABILITY/AUTHORIZATION FOR MEDICAL TREATMENT FOR JUNE 1, 2019 - JULY 30, 2019.

I hereby grant permission for (member's full name listed below) hereinafter "Participant/Member" desire to participate or compete in an audition, practice, camp, rehearsal, academy, tour, competition or other activity (collectively "Event") related to the Mandarins of Sacramento, Inc. (hereinafter "Sacramento Mandarins").

Participants/Members acknowledge Sacramento Mandarins participate in a number of events sanctioned by Drum Corps International Inc. (DCI). Participants/Members acknowledge that Drum Corps is a strenuous physical activity which requires coordination, stamina and athleticism and that participation in the Mandarins events will take place at multiple locations and on a variety of surfaces, including, but not limited to, grass, dirt, artificial turf, concrete, linoleum, and wood flooring.

In consideration for the Sacramento Mandarins' agreement to allow Participant/Member participation in Events, Participant/Member (or Participant/Member's Parent if Participant/Member is under 18 years of age) as well as Participant/Member's family, heirs, personal representatives, assigns and insurers, hereby now and forever releases, waives, discharges, and covenants not to sue the Sacramento Mandarins and/or its past and present partners, limited partners, owners, entity owners current and former officers, directors, shareholders, partners, members, limited partners and employees of any owners or entity owners, employees, agents, attorneys, directors, designers, consultants, officers, instructors, technicians, volunteers, staff, contractors, successors, assigns, subsidiaries, affiliates and insurers (collectively "Released Parties"), from of and for any and all claims, debts, liabilities, demands, obligations, costs, fees, expenses, actions and causes of action whatsoever, of every nature, character and description, known, unknown, discovered, undiscovered, suspected or unsuspected (collectively "Claims") including, but not limited to any and all Claims arising out of or in any way related to any Event and Participant/Member's participation in the Event. Participant/Member's presence at the Event or in any parking area, school or public facility, bus, trailer, truck, automobile, stadium, and/or park, from the alleged negligence of any of the Released Parties, or any personal injury, accident, illness (including death) or property loss. Participant/Member acknowledges and expressly waives the provisions of California Civil Code Section 1542 which provides: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

Participant/Member understands and agrees that his/her participation will be recorded by pictures, video, and other media. Participant/Member hereby irrevocably assigns, transfers, delivers and grants the Sacramento Mandarins and its agents, successors, contractors, and assigns (collectively "Sacramento Mandarins"), all right, title, and interest, including all publicity rights, in any and all pictures, photographs, videos, or other images in any format (hereinafter "Images") taken of Participant/Member by the Sacramento Mandarins. Participant/Member agrees that the Sacramento Mandarins may, among other things, use, publish, copyright, and distribute the Images for any reason or purpose whatsoever, including, but not limited to, commercials, programs, posters, billboards, scoreboard displays, social media, fund raising, recruiting and any other publicity or advertising media ("Promotional Materials"). Participant agrees that the Sacramento Mandarins may, as sole owner of the Images, enter into agreements with any other individuals, entities, or parties with respect to the Images and any Promotional Materials. Nothing in this agreement shall in any way restrict, limit or reduce the Sacramento Mandarins have no obligation to use any of the Images for any purpose and that the manner and extent of any use of the Images shall be in the Sacramento Mandarins sole discretion. Participant/Member acknowledges and agrees that there will be no compensation of any kind or any other type of payment due in connection with the Sacramento Mandarins' use of the Images.

I agree to assume financial responsibility for any loss of, or damage to, property and/or equipment caused directly by the below named member during said functions, and any and all costs resulting from disciplinary, non- voluntary dismissal from the Mandarins.

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(Please Print)

Today's date:						
PARTICIPANT INFORMATION						
Participant Last Name:		First:		Middle:		
Is the Participant over 18?		cipant Birthdate:				
YES NO						
		INCHDANCE	INFORMATION			
Medical Insurance Company:		INSURANCE	INIONMATION			
Medical Insurance Number:						
Food Allergies:						
Medication Allergies:						
Medications:						
Dietary Concerns:						
Special medical conditions, disabilities, and precautions						
Other:						

## MANDARINS OF SACRAMENTO INC. PARTICIPANT MEDICAL AND MEDIA FORM

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EMERGENCY CONTACT INFORMATION					
PARENT OR GUARDIAN					
Name					
Home Phone					
Work Phone					
Cell Phone					
EMERGENCY CONTACT #2 (PARENT/GUARDIAN/OTHER)					
Name					
Home Phone					
Work Phone					
Cell Phone					
I also authorize the Mandarins Staff to give consent to any needed emergency treatment or care, in the event of injury or accident to the Participant/Member listed. The Participant/Member named does not have any physical deficiencies, is not under a physician's care, nor requires medications except as is set forth above. Should any accident or injury occur, every effort will be made to notify the Parent/Guardian as soon as possible. Please provide alternate emergency contacts in case the Parent/Guardian is unavailable. It is incumbent upon the Participant/Member and/or Parent/Guardian to notify the Mandarins immediately of any change in circumstances (health, address, contact numbers, etc.)					
Participant signature (if	over 18)	Date			
Patient/Guardian signa	ture	Date			