



FEAT of Southern Nevada Volunteer Photo/Video Release

We are continuously photographing/filming children, volunteers and attendees at FEAT events, to share with the public all the wonderful activities and events we do within the community. We may use these photos/videos in in media, including but not limited to, our website, local newspapers, newsletters, billboards and other publications which are not limited to those listed above. Please Initial and sign below:

____ I **give** permission to use my **photo/video** in any FEAT publication

____ I **do not** give permission to use my photo/video in any FEAT publication

(Please note if you attend an event where filming or photos are being taken we cannot guarantee your child will not be photographed or filmed. If you do not want your child photographed or filmed, please do not have your child participate in that event.)

FEAT of Southern Nevada Volunteer Liability Release

I acknowledge, understand, agree and do irrevocably and unconditionally release and discharge and shall indemnify and hold harmless FEAT and its officers, directors, employees, agents, affiliates, members, managers, attorneys, sureties, and/or former and present representatives from and against all loss, damages, costs and expenses, including reasonable attorney fees, costs, expenses, and all other sums related to my actions or omissions as a volunteer for FEAT which FEAT may hereafter incur, pay, be required or become obligated to pay on account of any and every demand, claim, or suit by or on behalf of any person, firm, or business entity for any loss of or damage to any property or property right, injuries to or the death of any person as provided in this release.

The undersigned acknowledges and agrees that FEAT, including but not limited to any of its officers, directors employees, agents, and/or representatives, has been made aware of any and all special conditions and/or circumstances surrounding his/her child's participation in any FEAT sponsored event and that FEAT has taken those precautions and/or accommodations reasonably necessary to address said special conditions and/or circumstances to the best of FEAT'S ability. A child's special condition and/or circumstances do not, in any way, mitigate the undersigned's duty to indemnify and hold harmless FEAT.

Volunteer Consent for Medical and/or Emergency Treatment**



I, _____, hereby voluntarily consent to the rendering of any such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgement be necessary to provide for the medical, surgical and/or emergency care of myself and or arrange for transportation to the nearest emergency medical facility

I further give my consent to ***FEAT of Southern Nevada Board of Officers, Directors, Employees and Agents or Representatives (“Caregiver”)*** to arrange for routine or emergency medical and/or dental care and treatment necessary to preserve the health of my dependent. In the event that my dependent is injured or ill while under the care of the ***Caregiver***, I hereby give permission to the ***Caregiver*** to provide first aid for said dependent and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my dependent, I direct that the ***Caregiver*** attempt to first contact me. However, if medical care becomes essential, I give permission to the ***Caregiver*** to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the ***Caregiver*** on my behalf for the benefit of my dependent, I authorize the ***Caregiver*** to request, obtain, review and inspect any and all information bearing upon my dependent’s health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees and/or promises have been made to me as to the effect of such examinations or treatment on the condition of my dependent and that I am responsible for all charges in connection with the care and treatment rendered to my dependent during this period.

Date: _____

Signature of Volunteer: _____

Printed name of Parent and or guardian: _____

Signature of parent and or guardian (if volunteer is under the age of 18): _____

Emergency Contact: _____

Emergency Contact Phone #: _____

Sport Social

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

Name of Participant: _____

Date of Birth: ___/___/___

Circle one: Male Female

Other Family Members Participating: _____

WE ARE AWARE THAT SPORT-SOCIAL’S ACTIVITIES ARE POTENTIALLY DANGEROUS AND HAZARDOUS ACTIVITIES AND THAT THE PARTICIPANT COULD BE SERIOUSLY INJURED OR EVEN KILLED BY PARTICIPATING IN THESE ACTIVITIES. THE PARTICIPANT IS VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH GUARDIAN’S PERMISSION AND KNOWLEDGE OF THE DANGER INVOLVED, AND, GUARDIAN, ON BEHALF OF PARTICIPANT, AGREES TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH, AND/OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN. WE ARE FURTHER AWARE THAT CERTAIN RISKS ARE INHERENT IN THE PARTICIPATION IN SPORT-SOCIAL’S ACTIVITIES, INCLUDING, BUT NOT LIMITED TO, FRACTURED, BROKEN AND/OR SPRAINED WRISTS, ANKLES, FINGERS, ARMS AND LEGS.

I certify that I have read the above risks: _____ (Initials)

The undersigned Guardian does hereby release, forever discharge and agree to hold harmless Sport-Social, its officers, employees, volunteers and agents (“Releases”), from and against any and all liability, claims, demands, lawsuits, and expenses (including medical) that the Participant or myself, or any of our assignees, heirs, or representatives, now have or may have in the future, from any personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the Participant or I, arising out of or in any way connected, directly or indirectly to: (a) the Participant’s participation in Sport-Social’s activities, including, but not limited to, skateboarding, biking, skating or the use of a scooter; (b) the negligent, willful or intentional acts, however caused, by any Releasee; (c) the condition of the premises where Participant is engaging in the activities; or (d) the equipment used during such activities. The undersigned further acknowledges and understands that helmets are required at all times while participating in Sport-Social’s activities and shall be furnished at the sole expense of the Participant and/or Guardian. Further, Sport-Social strongly recommends the use of additional safety equipment including, but not limited to, elbow pads, knee pads and wrist guards.

Furthermore, the undersigned gives permission to Sport-Social and its officers, directors, owners, employees, volunteers, and agents, to furnish any and all necessary transportation for the Participant. The undersigned Guardian certifies that he/she is the parent or legal guardian of the Participant, and shall be responsible for any and all actions of the Participant.

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Name of Guardian (Printed)

Signature of Guardian

Date
