

Publicity and Photo Release Form + Waiver and Consent Form

I hereby grant HOH, Heart of Hope, the absolute and irrevocable right and unrestricted permission to use my child \_\_\_\_\_, likeness, image, voice, and/or appearance as such may be embodied in any photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of HOH or its associates. I agree that HOH has complete ownership of such material and can use said material for any purpose consistent with HOH's mission. These uses include, but are not limited to, videos, publications, advertisements, news releases, Web sites, and any promotional or educational materials in any medium. I acknowledge that I will not receive any compensation for the use of such images, video, likeness, etc. I hereby release and discharge HOH, and its agents, representatives and assignees from any and all claims and demands arising out of or in connection with the use of my child's name, likeness, image, voice and/or appearance, including any and all claims for invasion of privacy, right of publicity, misappropriation or misuse of image, and/or defamation.

I understand participation in the HOH program and is voluntary and that the activities do involve some movement activities. As there is an inherent risk in any physical activity, my signature on this form releases Mrs. Joanna Lo, staffs, and volunteers from any liability, actions, claims, damage, or costs resulting from the undersigned participation in activities conducted in connection to this and all Mrs. Joanna Lo's classes that the undersigned participates in. Signature on this form also signifies that the undersigned agreed to his or her full participation in the HOH program or outings/activities associated with HOH according to the standards set forth as a HOH leader/volunteer/member. Failure to comply will result in automatic dismissal without refund of fees.

COVID-19 Waiver: I acknowledge that my participation in onsite activities is entirely voluntary. Given the ongoing concerns about the COVID-19 outbreak, the risk of contracting COVID-19 or incurring other injuries or illnesses (which could be serious or disabling) is always present and cannot be entirely eliminated. I agree to accept any and all risks of personal injury or illness or death, including related to COVID-19 contracted during the time that I am participating in onsite events. I further understand that my health and safety is my responsibility and that I am free at any time to refuse, and should refuse, to do anything for HOH that I am not comfortable with or that may pose a hazard to my health or safety.

\_\_\_\_\_ I confirm that I am fully vaccinated against COVID-19. (provide documentation)

\_\_\_\_\_ I agree to wear a mask and practice social distancing to reduce the risk or exposure.

\_\_\_\_\_ I agree to follow HOH instructions for safety protocols at onsite events.

I represent that I am the legal guardian of \_\_\_\_\_ and that I have read the foregoing and fully understand its contents. This release shall be binding upon heirs, my legal representatives, assigns, and me. This agreement is being made and entered into under the laws of the State of California and shall be governed and interpreted in accordance with the laws of said state. This agreement embodies the entire agreement of the parties (subject and photographer). No modification of this agreement shall be of any effect unless it is made in writing and signed by all of the parties to the agreement.

Student Name (Print): \_\_\_\_\_

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

I hereby certify that I am the parent or legal guardian of \_\_\_\_\_, Named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian's Name (Print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_