



Autism Empowerment
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kids care
clubs

Autism Serves Kids Care Club Release of Liability

I, the parent or legal guardian of _____
(print full name) hereby acknowledge that I have voluntarily agreed to supervise (or assign another supervising adult) & allow the above (said) child to participate in Autism Empowerment's Autism Serves Kids Care Club of Clark County (hereafter Autism Serves Kids Care Club). This Release and Waiver of Liability (the "release") executed on _____ releases Autism Empowerment (the "nonprofit"), a 501(c)(3) nonprofit corporation organized and existing under the laws of the state of Washington, and each of its directors.

1. Waiver and Release: I release and forever discharge and hold harmless the Nonprofit and its successors and assigns from any and all liability, claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from said child's participation in Autism Serves Kids Care Club. I understand and acknowledge that this Release discharges the Nonprofit from any liability or claim that I may have against the nonprofit with respect to bodily injury, personal injury, illness, death or property damage that may result from participation in the Autism Serves Kids Care Club.

2. Photographic and Copyright Release: I grant and convey to nonprofit all right, title, and interest in any and all photographs, images, video or audio recording of said child or likeness or voice made by the Nonprofit in connection with the Autism Serves Kids Care Club. I further grant and convey to the Nonprofit all rights, title and interests in any and all work, including but not limited to photographs, images, video, audio recording taken and/or produced by said child in connection with the Autism Serves Kids Care Club. This release covers, Autism Empowerment or any other agent of the nonprofit.

3. Other: I expressly agree that this Release shall be intended to be as broad and inclusive as permitted by the laws of the State of Washington and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of the Release shall not be affected.

By signing below, I express my understanding and intent to enter into the Release of Liability willingly and voluntarily.

Signature (Parent or Guardian)

Date _____

Printed Name

E-mail

360-852-8369 - kidscareclub@autismempowerment.org



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www.AutismEmpowerment.org

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