



# The National Center for American Indian Enterprise Development

## Youth Entrepreneurship Summit ("YES!") September 5, 2017 Tulalip Resort Casino in Tulalip, Washington Liability Release Form

**IMPORTANT:** This form must be filled out and signed by each participant or by the parent or legal guardian of each child under 18 years of age who wishes to participate in the activities. **This is a legal document, release of liability. Please read and understand before signing.**

### ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE AND INDEMNIFICATION

I have asked to participate in the National Center for American Indian Enterprise Development, Inc.'s ("NCAIED") Youth Entrepreneurship Summit ("YES!").

As consideration for being allowed to participate in YES!, I agree to assume full responsibility for myself and that of my family, including minor children. I expressly assume all risk and responsibility involving accidents sustained while participating in YES! resulting from negligence on my part, that of my family or officers, directors, agents or members of NCAIED or the landowners of the premises.

I affirm that I am fully capable of participating in this activity and that my general health is good, that I do not have any condition that might endanger the life or health of myself or others participating in any activity. I affirm that I know of no reason why I should not participate.

I understand the signature of the parent or guardian of a minor child on this document shall make all provisions of this release and assumption of the risk agreement applicable to and binding on the minor child. I agree that Washington law shall govern this release.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless NCAIED, its officers, board of directors, agents or members and landowners of the premises for any and all claims for injuries, causes of action, or liability related to participation in any activity of the YES! event. Should NCAIED or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold NCAIED and the landowner of any premises harmless for all such fees and costs.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against NCAIED and the landowner of the premises on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

I hereby grant permission to NCAIED, and its officers, employees, agents, to photograph my image, likeness, or depiction and/or that of my minor children. I hereby grant permission to the NCAIED to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs

\_\_\_\_ Initials of Participant

\_\_\_\_ Initials of Parent/Guardian (if under age 18)



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of me and/or those of my minor children to be used by NCAIED worldwide for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic. I understand that NCAIED may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for NCAIED's use or publication of photographs of me and/or those of my minor children.

This liability release shall be legally binding upon heirs, my assigns, legal guardians, personal representatives and myself. I have carefully read this agreement and understood its contents. I am aware that I am releasing certain rights that I otherwise may have, and I enter into this agreement on behalf of myself, minor children, and/or wards, of my own free will.

PLEASE PRINT INFORMATION CLEARLY:

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

If you are attending YES! as part of a group, please print the name of the group:

\_\_\_\_\_

IF YOU ARE 18 YEARS OF AGE OR OLDER, SIGN HERE:

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

For a MINOR CHILD, (under 18 years of age) please complete the form below and sign:

As parent or legal guardian of \_\_\_\_\_, I, \_\_\_\_\_

further accept responsibility for actions of this child, and agree to the provisions of the above.

ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE AND INDEMNIFICATION:

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

\_\_\_\_ Initials of Participant

\_\_\_\_ Initials of Parent/Guardian (if under age 18)