



DATE: _____

School Name: _____

Founder
Coretta Scott King

MEDIA WAIVER CONSENT FORM

This waiver and consent form is required for every Chaperone/Youth and must be signed and completed in order to participate in any and all activities and events sponsored by The King Center.

I understand that I am/my child is participating in the Students with King session and I testify and verify that I have full knowledge of the risks involved in this event and that I am/my child is physically fit to participate in all aspects unless specifically described below. I agree to indemnify all sponsors who are associated with this event, their officers, employees, and agents against all claims, loss, or liability whatsoever arising from this agreement or the performance of this agreement including but not limited to damage or destruction of any property, or injury, to said person or any person including such claims, losses or liabilities whether passive or active of indemnities.

I _____, do hereby give The King Center/ Students With King their assigns, licenses, and legal representatives the irrevocable right to use my/my child's name [or any fictional name], picture, portrait, photograph, image, or voice in all forms and media and in all manners, including composite or purpose, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I also agree that this releases The King Center and any and all of its representatives from any and all monetary obligations or payments to me/my child or any or all of my authorized representatives for use of video, films, photographs, image and/or voice media. I am of full legal age. I have read this consent and am fully familiar with its contents.

THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN FOR PARTICIPANTS UNDER THE AGE OF 18:

I am aware of the risk to my child (name of youth): _____'s person and property involved in participating in the Students with King Initiative and in field trips in connection therewith, the undersigned (Parent/Guardian) of the aforesaid minor, do hereby expressly release, indemnify, and discharge The King Center from any and all claims which arise from the said minor's attending the Students With King session and from any and all claims which arise from the said minor's participation in said field trips. As used herein, "claims" includes, but is not limited to claims, which either or both of us may hereafter have as parents/ guardians of the said minor, as well as claims, which the said minor may hereafter have.

MEDIA WAIVER CONSENT continued....

Name of Participant (Please print): _____

Address _____

Phone #1 () _____ - _____ Phone #2 () _____ - _____ Birth Date (If under age 18): ____/____/____

Emergency Name & Contact Info Name: _____

Relationship: _____ Phone #1: () _____ - _____ Phone #2: () _____ - _____

As an adult participant or parent/guardian I have read, and understand, and signed the foregoing "Liability Waiver and Media Consent."

I have read and understood the description of The Students With King Initiative.

ADULT Participant's Signature

Date

PLEASE NOTE: Chaperones are responsible for their groups and agree to accept all responsibilities for their group and will serve as the point of contact for the parent/guardian. Chaperones should have some experience with the participant age group, be able to work effectively with that age group, and be over the age of 21.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

Date

PLEASE RETURN YOUR COMPLETED FORM WITH YOUR APPLICATION

VIA FAX, SCAN OR MAIL TO:
The King Center
Donald Bullock; Barbara Harrison
dbullock@thekingcenter.org or bharrionsn@thekingcenter.org
404-526-8965:Fax 404-526-8966:Phone