

2024 COLOR RUN!

Permission Slip

PARENTS: YOU MUST SIGN & RETURN THIS PERMISSION SLIP FOR EACH CHILD IN ORDER FOR THEM TO PARTICIPATE. NO EXCEPTIONS!

STUDENT NAME: _____

PARENT/GUARDIAN PHONE: _____

PARENT/GUARDIAN EMAIL: _____

GRADE: _____ TEACHER: _____

T-Shirt Size: (note: t-shirts are for any student who fundraises \$30 or more; these are the sizes available):

- Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult XL Adult XXL

Release and Indemnity Agreement: I agree, for myself, my Child/Ward, and our heirs, executors and administrators, to not sue and to release, indemnify, and hold harmless High Bridge Parent Teacher Organization and High Bridge School District, its affiliates, officers, directors, volunteers and employees, the school(s)/districts/sponsoring organization and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action, whatsoever, arising out of my Child/Ward's participation in any Color Run sponsored or affiliated school events and related activities, including but not limited to online activities, whether it results from the negligence of any of the above or from any other cause. This agreement shall be as broad and inclusive as is permitted by the State in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect. I have read, understand, and agree to the terms of this Release and Indemnity Agreement.

Media Release: I authorize the use, copyright, or publication of my Child/Ward's name, image, or voice while participating in any Event and related activities, as may be captured by photograph or recording in any medium for any purpose, including illustration, promotion or advertisement.

Signature: I am the parent or legal guardian of the participant, and I hereby consent to his/her participation in Events and related activities. I have read and explained this Form to my Child/Ward, and I hereby agree to all of its terms and conditions on behalf of myself and my Child/Ward.

PARENT/GUARDIAN PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

DUE BY MAY 17, 2024

QUESTIONS? Email HighBridgeSchoolsPTO@gmail.com