



## LOCK-IN POLICY PARENTAL/GUARDIAN CONSENT FORM RELEASE AND INDEMNITY AGREEMENT

This Release and Indemnity Agreement (the "Agreement") is entered into between \_\_\_\_\_, a minor child, through his or her legal guardian(s) ("Participant"), Participant's legal guardian(s) ("Guardian") and Pizza Properties, Inc. d/b/a Peter Piper Pizza ("Peter Piper").

"Peter Piper has agreed to serve as the location for an overnight "lock-in" social event (the "Event") for children at the request of \_\_\_\_\_ (the "Organization"). The Organization is sponsoring, organizing and overseeing the Event, which will take place overnight on \_\_\_\_\_, 2013 Peter Piper has agreed to make its premises available for the Event in return for, among other things, Participant's and Guardian's agreement to observe certain safety rules and procedures. Peter Piper has also agreed to make its premises available for the Event in return for Participant's and Guardian's agreement to release Peter Piper of any liability resulting from the Event and otherwise adhere to the terms of this Agreement.

The Participant, Guardian and Organization agree to the following:

**1. Authorization to Participate.** Guardian authorizes Participant to attend the Event and all activities which take place during the Event. If Participant or Guardian have any questions or concerns about activities at the Event, please discuss those questions or concerns with the Organization prior to the Event.

**2. Responsible and Safe Conduct.** All parties involved with the Event sincerely hope that it will be a enjoyable activity. However, in order to ensure everyone's safety and well being, Participant agrees to act in a responsible and safe manner at all time during the Event. In connection with this paragraph, Participant shall not (i) engage in any dangerous activity, (ii) possess or use any weapons, (iii) possess or consume any alcohol or illegal drugs, (iv) fight with other participants or chaperons, (v) engage in abusive or harassing conduct; (vi) engage in disrespectful conduct or (vii) engage in any activity which might threaten the safety of Participant or others.

**3. Supervision.** Participant and Guardian understand and acknowledge that all participants in the event will be supervised by chaperons from the Organization. Peter Piper does not supply and has no responsibility over the selection or supervision of the chaperons. Participant and Guardian further understand and acknowledge that the Organization, and not Peter Piper, is responsible to ensure that Participant is released at the end of the Event to an authorized individual. If Participant or Guardian have any questions or concerns about supervision of participants at the Event, please discuss those questions or concerns with the Organization prior to the Event.

**4. Emergencies.** In the event of an emergency, the Organization and/or Peter Piper will immediately contact Guardian at the telephone number listed by Guardian below. If Guardian is not available in the event of an emergency, Guardian authorizes the Organization and/or Peter Piper to take appropriate action in response to the emergency, including transporting Participant to a healthcare facility for emergency medical treatment. Guardian understands and acknowledges that Guardian is responsible for any medical or healthcare expenses incurred by the Organization or Peter Piper in the treatment of Participant.

**5. Termination of Participation or Enrollment.** Peter Piper reserves the right to terminate or restrict participation in the Event for any individual if it determines in its discretion that it is unable to meet the individual's needs or if the individual's behavior is or could be dangerous to the individual or others. If Peter Piper concludes that it must terminate participation in the Event, it will contact Guardian and Guardian agrees to promptly pick up Participant.

**6. Indemnity Agreement.** In exchange for Peter Piper's agreement to make its premises available for the Event and other valid consideration, Participant and Guardian hereby agree to indemnify, release and hold harmless Peter Piper of, from and against any and all claims, liabilities, losses, demands, expenses of whatever nature, including but not limited to reasonable attorneys' fees and costs, and damages, whether because of personal

injury, property damage or any other source arising out of or resulting from any wrongful, negligent or other act or omission of Participant, the Organization, other children participating in the Event, Peter Piper or any other person or entity in connection with the use in any way by Participant or Organization of Peter Piper's premises or property.

7. **Release of Liability.** Participant and Guardian further agree, on behalf of the Participant, for and his or her successors, heirs, and family to forever release and discharge Peter Piper and its officers, directors, employees, agents and affiliates from any and all claims, demands, losses, costs, expenses, suits, damages, obligations, liabilities, causes of action and judgment whatsoever, in law or equity against Peter Piper, Participant or Guardian ever had, now has or which Participant or Guardian hereinafter can, shall or may have for, upon or by reason of any matter, cause of things whatsoever arising out of Peter Piper's services or the negligence of Peter Piper its officers, directors, employees, agents, representatives and affiliates. Participant and Guardian agree to and do hereby assume any and all risks of personal injuries to Participant, including death and damages to Participant's property, caused by or arising out of Participant's participation in the Event.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2013.

I have read the foregoing Agreement and agree with its terms.

\_\_\_\_\_  
Guardian's Telephone Number

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Guardian's Cellular Number/Pager

\_\_\_\_\_  
Guardian's Printed Name

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Guardian's Printed Name

# Local Parent Release and Student Medical Information Form

## National Hispanic Institute-Rio Grande Valley

**Waiver of Claim/Release Form:** This certifies that we, the undersigned parents, in consideration for the benefits to be derived by our son/daughter, do certify that he/she may participate in any normal and routine training session, meeting, lock-in, recreational or exercise program of the Great Debate and the NHI-RGV John F. Lopez Fellows Program and hereby release and discard the National Hispanic Institute, the RGVFLA, Inc., the NHI-RGV, and any other NHI/ RGVFLA, Inc./NHIRGV program site, their officers, agents, instructors, volunteers, student volunteers, and employees from any and all illness, injury or accident incurred or suffered by said son/daughter while traveling to, attendance at, or participation in the Great Debate and/or the JFL Fellows Program and/or any NHI program from the time of his/her departure from home until his/her return hereto.

**Medical and Hospital Services Consent:** This is to certify that we, the undersigned parents, do in the event that our son/daughter \_\_\_\_\_ becomes a participating member of the National Hispanic Institute's RGVFLA, Inc., or NHI-RGV/NHI John F. Lopez Fellows program, hereby consent and grant permission should the necessity arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified physician, and including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination, or other hospital services. Consent is hereby granted to the attending physician(s), hospital(s), and/or clinics to release necessary medical information to our local doctors and for use in claims for insurance coverage.

**Waiver of Physical Examination Statement:** This certifies that we, the undersigned parents, do waive the requirements for a physical examination of our son/daughter in the NHI Great Debate or John F. Lopez Fellows Program. We understand our responsibility to fully inform NHI and the NHI-RGV administration of any precautions and have attached medical records for use and reference by local physicians or medical personnel should the necessity arise.

Your Family Doctor: \_\_\_\_\_ Doctor's Office Telephone: (956) \_\_\_\_\_

**Insurance Information:**

Our son/daughter is covered by health insurance (yes or no) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Coverage is through which parent \_\_\_\_\_

**Emergency Information:** Parents/Guardians: Please provide information on where parents can be reached 24 hours a day in the event of an emergency.

Parent 1: \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_

Parent 2: \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_

**Authorized Signatures:** The family has full responsibility to full inform NHI and the NHI-RGV/RGVFLA, Inc., of any medical precautions and/or conditions, and medical information. I/We certify that the information contained on this form is true and correct.

Parent 1 Signature and Date: \_\_\_\_\_

Parent 2 Signature and Date (Optional): \_\_\_\_\_