

PARENT/GUARDIAN AGREEMENT

IF THE PARTICIPANT IS A MINOR (UNDER 18 YEARS OLD), THE PARENT OR GUARDIAN SHOULD READ AND SIGN BELOW:

I am the parent or legal guardian of _____ (the "Participant"). On behalf of the Participant, myself, the Participant's parents or guardians, heirs, estate, insurers, assigns and anyone else who may make any claim for or on behalf of the Participant, I hereby irrevocably and unconditionally:

- (1) Agree to all of the terms of the Participant Waiver and Release form.
- (2) Agree to cause the participant to comply with the terms of the Release and Waiver .
- (3) Agree not to take any actions that would assist or cause the participant to invalidate, renounce, negate, revoke, or disclaim any part of the Release and Waiver.
- (4) Agree to hold harmless, indemnify, and reimburse the Released Parties described in the Release and Waiver from and for any sums, costs, or expenses (including attorney fees) incurred by any of the Released Parties or paid by any of them to any person (including the Participant or insurers) in connection with any accident, loss, damage or injury and death (save where such injuries or death have occurred as a result of negligence of NIKE) arising out of the Participant's attendance at or participation in the Event, including transportation related to the Event.
- (5) Authorize and permit NIKE, their agents, and event personnel to administer first aid to the Participant, and to authorize such other medical treatment and transportation as may be recommended by physicians, paramedics, and other medical personnel, in the event of any illness, accident or injury to the Participant.
- (6) Authorize and permit NIKE and their subsidiaries the right in perpetuity and throughout the world, without any expectation of compensation, to use the Participant's photograph, video or film portrayal, image, likeness and voice in any media, including, but not limited to live television cover, televisions, catalogues, brochures, displays and any other printed or written material in connection therewith, for the purpose of advertising or promoting NIKE and related activities.

Emergency Contacts	1 st	2 nd
Name		
Contact number		
Relationship to child		
Child's Medical history / any allergies:		

Child's Dietary requirements:
Medication (please give details of any medication the child is currently taking along with dosage. Only medication taken orally or for external use can be administered), plus any details of any Allergies.
I agree to allow the administration of medication to my child of the type and dosage detailed above. I agree to allow the administration of first aid or emergency treatment to my child if necessary. I agree to allow my child to be transported to alternative venues or premises.

I HAVE READ THE PARTICIPANT RELEASE AND WAIVER AND THIS AGREEMENT CAREFULLY. I FULLY UNDERSTAND THEIR CONTENT, AND VOLUNTARILY AGREE TO THEIR TERMS.

Signature: _____

Name: _____

Surname: _____

Contact numbers: **Cell:** _____

Work: _____

Home: _____

Email address: _____

Address: _____

Date: _____