

# Candle Lighters

## Permission Release & Hold Harmless Agreement

Name of Participant:

Age: \_\_\_\_\_ School:

Parent/Legal Guardian:

Telephone Number: Home # \_\_\_\_\_ Cell #

Street Address:

City, Zip Code

In consideration of the participation of the minor named above being permitted to participate in The Candle Lighter's Ghost House located at the Chadbourne Carriage House on Fremont Boulevard during the period that the Ghost House is open for business during the year \_\_\_\_\_

I hereby agree to indemnify and hold harmless and blameless The Candle Lighters, its officers or agents from any and all liability from damages, loss or injuries either to person or property which the said minor may sustain while engaged in any activity conducted by or in connection with The Candle Lighters.

I further certify that I have legal custody by reason of the fact that I am the parent having custody or the legal guardian by court order. I further allege that the said minor is physically able to participate in the activity set forth herein.

I further agree to reimburse or make good any loss or damage costs that The Candle Lighters may have to pay if any litigation arises on account of any claim made by said minor, or anyone in said minor's behalf, resulting directly or indirectly from said minor's participation in The Candle Lighter's activities.

I further agree that in case of injury or illness, or in other actions requiring parental permission, the Candle Lighter in charge shall have authority to act for us, in case we cannot be reached.

I further understand that in case of injury, serious illness, or in extreme cases of disciplinary action, the Candle Lighter in charge will, if need be, send home my son/daughter by the first available transportation at my own expense.

I further agree to authorize The Candle Lighters to utilize photographed or video images of my children in brochures, flyers or other promotional purposes without any compensation from Candle Lighters.

Signature of parent/legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_

In case of emergency and no one can be reached at the above address or phone number - please notify:

Name: \_\_\_\_\_ Relationship:

Address:

Phone #: \_\_\_\_\_ Cell #: