



Participation Information Form

Child and Parent/Guardian Information

_____ Child's Name		_____ Date of Birth	
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name	
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone
_____ Email Address		_____ Email Address	
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone

____ (initial) (If applicable). I understand that participation in Kellin Kids meetings requires that I remain on the premises and that Kellin Kids meetings are not "drop off" events.

____ (initial) **Participation Waiver of Liability:** This agreement releases Kellin, PLLC and/or the Kellin Foundation (herein referred to as the Agency) from all liability relating to injuries or damage that may occur by the acceptance of items and goods provided, or from participating in activities connected with the organization. I release the Agency from any responsibility of mechanical failure that may occur from use of the donated items or from activities that I choose to participate in. By signing this agreement, I agree to hold the Agency entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence. I also acknowledge the risks involved in accepting donated goods and products. I swear that I am participating voluntarily, and that all risks have been made clear to me. By signing below, I forfeit all right to bring a suit against the Agency for any reason. In return, I will receive the goods and services that were requested, and have the opportunity to participate in activities connected to the organization. I will also make every effort to obey safety precautions. I have had the option to ask questions. My signature below indicates that I fully understand and agree to the above terms.

____ (initial) **Photo/Media Authorization:** By signing below, I irrevocably grant permission to Kellin, PLLC and the Kellin Foundation and its employees, agents, partners, and advertisers, to record and use my name, image, voice, statement and/or writings including any and all photographic/still images and video or audio recordings made by Kellin, PLLC and the Kellin Foundation and its assignees(s), advertisers, customers, agents, and successors for unrestricted use in print and electronic mediums including but not limited to publications, displays, websites, social media, advertisements, recruitment, and promotions, without notifying me. I voluntarily waive any right to inspect/approve the finished photographs that may be used in conjunction with them now or in the future, whether it is known to me or unknown to me. I also waive any right to royalties or any other compensation arising from or related to the use of the photograph(s) or other media. I am 18 years of age or older or I am the parent/legal guardian for the minor child listed below, and I am competent to sign this release. I have read the release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding matters of this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ Signature	_____ Parent/Legal Guardian Signature (if under 18)
_____ Print Full Name	_____ Print Full Name / Relationship
_____ Date	_____ Date