THE parent or legal guardian of the individual named below as “Participant” hereby acknowledges that he or she authorizes Participant to participate in Night Owls, a program of the Fisher Early Learning Center held at and by the Fisher Early Learning Center at the University of Denver, Denver, CO, hereto (the “Program”), and further acknowledges his or her full understanding and appreciation that there are risks of personal injury, accident, or illness (including death) and property loss associated with participation in the Program, including but not limited to playing, eating and sleeping in a child care environment and interaction with other children and people in the Program. The person signing this document recognizes that falls occur and injuries are common and ordinary occurrence during child care activities.

The person signing this document understands that it is his or her responsibility to consult a physician prior to Participant’s participation in the Program. The person signing this document hereby represents that he or she has advised DU of any facts known to him or her which would make the Participant more susceptible to injury or risk of injury as a result of participating in the Program. Any parent or legal guardian signing further represents that he or she has thoroughly explained to the minor Participant the risks associated with participating in the Program using language appropriate to the age and intellectual capacity of the Participant.

By signing this form, the Participant, or Participant’s parent or legal guardian, on behalf of Participant, and Participant’s heirs, assigns, legal and personal representative(s), agrees to assume all risks and responsibilities surrounding Participant’s participation in the Program and further to release DU, and all departments and divisions thereof from any claims, demands, actions, causes of action, lawsuits, expenses, or losses (including court costs and all reasonable attorney fees) Participant may have on account of property damage or personal injury (including death) arising out of or attributable to Participant’s participation in the Program, whether such property damage or personal injury or death is caused by the negligence of DU, its trustees, employees or agents, or otherwise.

Participant, or Participant’s parent or legal guardian, grants to DU and press and media admitted to the Program by DU the right to photograph, videotape or otherwise digitally collect Participant’s name, likeness, voice and sounds (“Works”) during participation in Program. Participant’s parent or legal guardian further acknowledges the Works to be works made for hire, and otherwise irrevocably assign and grant to DU all rights in these Works and the right to use or sublicense these Works and Participant’s name, likeness and biography, in DU’s discretion, in all media and in all forms or purposes, including without limitation, advertising and other promotions for DU, without any further consideration to Participant or Participant’s heirs, assigns, legal and personal representative(s).

______________________________
PRINTED NAME OF PARTICIPANT

______________________________
SIGNATURE OF PARTICIPANT’S PARENT OR LEGAL GUARDIAN

______________________________
PRINTED NAME OF PARENT OR LEGAL GUARDIAN

______________________________
SIGNATURE OF PARENT OR LEGAL GUARDIAN

______________________________
Date

We need to receive this completed form with your registration or your registration will not be reviewed.