

## ***Participation Authorization Form***

Crawford's Angel is hosting a "Hollywood Glam Night" costume party fundraising event on **Friday, October 28, 2011 in support of St. Jude Children's Research Hospital.**

Student volunteers will be asked to assist with a variety of duties such as event set-up, registration, greeting of guest, and etc. This fundraising event will be held in the ballroom of the Holiday Inn College Park Hotel, 10000 Baltimore Avenue, College Park, MD. Students are expected to volunteer a minimum of (5) hours (5:30 – 10:30 pm), provide their own transportation to and from the event site, and hold a 2.0 or higher academic GPA. **Volunteer activities will be supervised by an adult at all times.** Note this event will have alcohol on the premises; however, all under age volunteers will be properly indentified as such. Furthermore, the Holiday Inn College Park Hotel will check all identifications before serving any alcohol.

Student volunteers are encouraged to come dressed as their favorite Hollywood celebrity; however, they should avoid wearing costumes that will interfere with their ability to stand for long periods of time, lift, bend or reach. Excessive exposure of one's body parts i.e., plunging necklines, mid-drift shirts, low rider and/or baggy pants will be considered "unacceptable" attire.

Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the Activity, on behalf of myself, my family, heirs, and personal representatives, I, the undersigned, are to assume all risks inherent in the activities, the transportation, and in any independent activities undertaken as an adjunct thereto, and in advance release, waive, and forever discharge, and covenant not sue Crawford's Angel. officers, agents, employees (hereinafter collectively referred to as "Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to, suffering and death, that may be sustained by me or by any property belonging to me, whether caused upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I understand and agree that Releasees do not have medical personnel available at the location of the Activities. I agree and hereby grant Releasees permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this document. I understand and agree that Releases assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing by reading it before I sign it, and I understand that I sign this Release as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written statement, have been made. I understand that ISU does not require me to participate in the Activity, but I want to do so, despite the possible dangers and risks and despite this Release. I further state that I am at least eighteen (18) years of age and fully competent to sign this Release; and that I execute this Release for full, adequate and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in Activity, and that I have adequate health insurance to provide for and pay any medical costs that may be attendant as a result of injury to me.

I further agree that this Release shall be construed in accordance with the laws of the State of Maryland. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any governing law, the validity of the remaining portions shall not be affected thereby.

I have read and fully understand the participation authorization form and hereby give my permission for **[Child's Name]** \_\_\_\_\_ to participate in the activities associated with hosting “Hollywood Glam Night” in support of St. Jude’s Research Hospital

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Signature of Parent/Guardian

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Date