## **MY Project USA Waivers for Youth Activities**

MY Project USA requires EACH participant to sign a waiver. Parents/guardian must sign one for themselves and for the minor participants in their custody. This waiver must be submitted by the participants (15 -17) or their parents/guardians (12-14) at their first time participation in any activity, indoor or outdoor, organized by MY Project USA. This could be submitted via email as well: info@myprojectusa.org

## Waiver/Release Form

I give permission for myself (or if written below, my child) to participate in activities organized by MY Project USA Inc. I understand that there are risks associated with any program requiring physical activities or intermingling with large community groups. I agree that it is my responsibility to receive clearance from my physician before participating in any physical activity. I further understand and agree that the MY Project USA Inc. does not assume any financial responsibility for medical expenses and/or compensation for any injury that I may suffer or loss or damage I may incur during or resulting from participation in activities sponsored by the MY Project USA or conducted at their collaborators' facilities. I promise and agree on behalf of myself, my heirs, agents, assigns, executors and administrators not to sue and agree to waive, release, discharge, and hold harmless and indemnify the MY Project USA Inc., its agents, employees, members and all other personnel or entities acting on its behalf from all claims, demands, rights and causes of action of any kind, whether arising from my own acts or those of the MY Project USA Inc. I hereby waive all claims for personal injury or property damage, suffered by me, my spouse, my partner, or family member in connection with or arising out of my participation in any MY Project USA Inc. program or activity, now or in the future, and I accept, assume and incur all responsibility for the risk of injury from such activity and exercise. I further agree to hold harmless and indemnify MY Project USA Inc. for any and all costs, including legal fees, incurred as a result of any claims for personal injury or property damage suffered by me, my spouse, my partner, or family member in relation to my participation in this or any future programs sponsored by the MY Project USA Inc. or conducted at the facilities of its collaborators.

I also give permission to MY Project USA Inc. to use the pictures and videos of myself and my family members to promote their cause and to showcase their progress online, in presentations or in its printed material.

Printed Name	Signature	
Printed Name of Youth Participants (12-17)		
Address	City, State, Zip	
Date	Witness Signature	