



MENTORING WORKS2, INC
Leading the spirit of our youth into the future...

2007-2008 LIABILITY AND MEDIA RELEASE FORM

We ask everyone who participates in a Mentoring Works2, Inc (hereinafter referred to as "MW2") event to execute the following release:

This Release and Waiver of Liability is executed by _____ (the "Participant") in favor of MW2, a non-profit organization, its members, officers, employees, and agents, and those of its affiliates, sponsors, contributors, and their affiliated companies for any event or activity (collectively, "MW2").

The Participant freely executes this Release under the following terms:

1. Waiver and Release. Participant does hereby release and forever discharge and hold harmless MW2 and its successors and assigns from all liability, claims, and demands of whatever kind of nature, in either law or equity.

2. Medical Treatment. Except as otherwise agreed to by MW2 in writing, the Participant does hereby release and forever discharge MW2 from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with his or her participation in any MW2 event or activity.

3. Photographic and Media Release. The Participant does hereby grant and convey to MW2 all right, title, and interest in any and all photographic images, video or audio recordings, artwork, letters, or anecdotes gathered by MW2 during the Participant's participation in any MW2 event or activity, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. MW2 will have the right to edit and use these materials for purposes of program promotion, advertising, or public relations.

4. Minors. If the Participant is a minor (a person under 18 years of age), the signature/permission supplied by the parent or legal guardian shall constitute on behalf of the minor a release and waiver of liability to the full extent set forth above.

Accepted and Agreed:

Contractor Signature: _____

Printed Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone and email: _____