

Name \_\_\_\_\_ PE period \_\_\_\_\_

Grade \_\_\_\_\_ PE teacher \_\_\_\_\_

Team members


**Competitive or Less Competitive (circle 1)**

Amount of \$ in cash \_\_\_\_\_

amount of \$ in check \_\_\_\_\_

Total amount of \$ \_\_\_\_\_

**Information about Hoops**

Date for hoops is Feb. 14

Every student participating must raise at least \$30

**Money and signed permission slip are due Friday February 8th**

Teams should be no less than 6 people

Uniforms must be **appropriate**

**Checks made out to american heart association**

Circle competitive or less competitive and we will try to accommodate

Please have money and/or check attached in an envelope or stapled to this sheet

**Permission slip is on the back**



### YOUTH CONSENT, RELEASE, AND INDEMNIFICATION

As the parent or guardian of the child listed below ("Child"), I understand, consent, and agree that:

- 1) **Events** — My Child and I expressly assume all risks, including potential personal injury and fatality, which may arise out of my Child's participation in any school events that are sponsored by or affiliated with the American Heart Association ("AHA"), such as Kids Heart Challenge and any other similar activities affiliated with AHA ("Events"). My Child's school may on its own develop Events that follow the heart-healthy programs of AHA or may involve online charitable fundraising for AHA, and any such Events are also covered by this Release.
- 2) **Being Prepared** — It is my sole responsibility to make sure my Child's clothing and any equipment are properly fitted and appropriate for the Event, and that my Child is physically fit and able to participate in the Events. Prior to any Event, I will instruct my Child to stop and request assistance if he/she experiences any adverse symptoms such as dizziness, excessive tiredness, shortness of breath, pain or any other conditions that would make it difficult or unsafe to continue in the Event.
- 3) **Optional Online Participation** — Some of the Events may offer you the option of registering your Child for an AHA online fundraising program. This program allows you and your Child to track his/her individual and team's progress and allows access to AHA's educational and fundraising resources. I have the option of including a photo of my Child on his/her site as well as sending out emails to family and friends in support of his/her participation. Learn more about how AHA uses, shares, and protects personal information by reading AHA's Privacy Statements at [http://www.heart.org/HEARTORG/General/Privacy-Policy\\_UCM\\_300371\\_Article.jsp](http://www.heart.org/HEARTORG/General/Privacy-Policy_UCM_300371_Article.jsp). I understand and agree that if I do not want my Child to participate in such online activities, then it is my sole responsibility to prevent my Child from doing so.

#### Release and Indemnity Agreement

I agree, for myself, my Child/Ward, and our heirs, executors and administrators, to not sue and to release, indemnify and to hold harmless AHA, its affiliates, officers, directors, volunteers and employees and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my Child's participation in any AHA sponsored or affiliated school Events and related activities, including but not limited to online activities, whether it results from the negligence of any of the above or from any other cause. This agreement is as broad and inclusive as is permitted by the State in which the event is conducted. If any portion of it is held invalid, the balance will continue in full force and effect. I have read, understand and agree to the terms of this Release and Indemnity Agreement.

#### Media Release

I authorize the use, copyright, or publication of my Child's name, image, or voice from participating in the Event and related activities as may be captured by photograph or recording, or in any other medium now known or hereafter devised, including for promotional, advertising and publicity purposes or use.

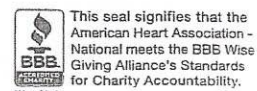
I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT, AND I HEREBY CONSENT TO HIS/HER PARTICIPATION IN EVENTS AND RELATED ACTIVITIES. I HAVE READ AND EXPLAINED THIS RELEASE TO MY CHILD, AND I HEREBY AGREE TO ALL OF ITS TERMS AND CONDITIONS. I will sign and turn in the parent permission form and give it to the school coordinator.

Parent/Guardian's Signature	Parent/Guardian's Printed Name	Date
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Yes, I will be a parent volunteer and help with this event. I may be reached at this phone number: \_\_\_\_\_

Student's Printed Name		
	Home Room Teacher's Name	Date

Student's Signature (required if 18 years or older)	Date
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This seal signifies that the American Heart Association - National meets the BBB Wise Giving Alliance's Standards for Charity Accountability.