



A. Liability Release

I do hereby waive, release, absolve, forever discharge, and do further agree to indemnify and hold Jain Center of Greater Boston (JCGB), its trustees, volunteers, and agents harmless from and all claims, damages, losses and/or expenses arising out of participation in JCGB activities. I assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in such activities. I also agree that we will not bring any lawsuits nor make any demands nor pursue any complaints against JCGB as a result of his/her participation in JCGB activities. Agreement to this Release also warrants that participation in this activity is voluntary and the participant and undersigned have read and understand the inherent risk involved in the activities. The participants understands that these risks exist despite the safety precautions and procedures implemented by JCGB. The participant agrees to obey all rules and policies mandated by JCGB personnel in our Participant Agreement and Code of Conduct (available on our website).

I hereby give my consent for the participant to join in all JCGB activities. I warrant that the participant is physically fit and able to participate in all activities without undue risk. There is and will be adequate health insurance coverage in force for the term of the participant's attendance. The undersigned further verifies that the health insurance covers any and all accidents, injuries or illnesses that may result from participation in JCGB activities.

B. Photo, Media and Copyright Release

I grant my permission for JCGB to photograph, videotape and/or audiotape myself or my child during activities at JCGB. These photographs/videos/audios will remain the property of JCGB and may be used in advertising or campaigns on JCGB's websites, and for promotional and informational material including/ but not limited to, flyers, brochures, newsletters, mails, advertisements, newspaper articles. I understand my child will not be identified by name unless I give my express permission. I hereby waive and release on behalf of myself and/or my child, any rights to compensation for, or ownership of, such images and/or sounds.

C. Medical Waiver & Release

I give permission for JCGB pathshala staff to (1) provide routine healthcare, first-aid, and seek emergency medical treatment on my behalf and (2) arrange for medical transportation, if necessary, for the participant. Thereby give permission for medical personnel selected by JCGB designated healthcare/emergency staff to secure and administer medical treatment including hospitalization, order and administer medications, anesthesia, X-rays, surgery or special procedures if deemed medically necessary for the participant during the duration of the program. Thereby understand that all medical costs are my financial responsibility and agree to pay for all charges associated with procuring or providing medical care for the participant named below.

Participant's Name: _____

Parent/Guardian Name: _____

Parent Signature: _____

Date: _____