

PARENTAL CONSENT AND RELEASE

Child's Name: _____ Event Date: _____

School Name, City, State: _____

Grade: _____ Division: _____

Email address (if you would like future emails): _____

I request that my child be permitted to participate in this event. If I am not the parent or legal guardian of this child, I represent that I have been given the authority by the parent or legal guardian of this child to agree to the following provisions. I hereby give permission for the Kenosha Chess Association (KCA) and its assignees to photograph, videotape or otherwise record my child during this event and to use such images for future publicity, including in printed promotional materials and on KCA's website. I acknowledge that I will not receive any compensation or have any claims in connection with such use. I further consent to the publication of my child's individual tournament results/scores. I hereby agree to release, discharge, indemnify and hold harmless KCA and each of their respective officers, directors, employees, volunteers, and agents from and against any and all claims, damages, loss, liability, injury, charges or expenses in any way arising out of my child's participation in this event. Should it be necessary for my child to have medical treatment while participating in this event, I hereby give the supervisory personnel permission to use their judgment in obtaining medical services for my child, and I give permission to the physician selected by such personnel to render medical treatment deemed necessary and appropriate.

Parent/Coach/Adult Name: _____

Relationship to Child: _____

Signed: _____ Date: _____