



General Waiver/Release of Liability
(For completion by Parents/Guardians OR YACers 18 and older)

This form is required for participation in the YAC program. If the YAC participant is under 18 years of age, this form must be submitted by a parent or legal guardian. In consideration of the opportunity to participate in the Youth Advisory Council of the Community Foundation for Northeast Michigan (CFNEM), the undersigned Youth Advisory Council (YAC) member, (and the undersigned parent or legal guardian if the YAC member is under age 18), or the undersigned adult advisor, waive(s), release(s) and agree(s) to hold harmless the CFNEM organization, and the respective agents, officers, board members, representatives, employees and volunteers (the "Releasees") from any liability to the undersigned and the personal representatives, heirs, assigns, and family of the undersigned, for all loss or damages on account of injury to the person or property of the undersigned YAC Member relating to attendance at an event, or transportation to or from an event. The undersigned have read the Waiver and Release and voluntarily sign.

In addition, I give CFNEM permission to use _____ name,
(name of YAC member)

my name, city and state, and/or photograph, videotape, or any likeness for publicity and the use of statements made by or attributed to me (or my child) relating to CFNEM for promotions and grant to CFNEM any and all rights to said use without further compensation.

The undersigned YAC Member represents and warrants that he or she is at least 18 years of age, or that the undersigned YAC Member's parent or legal guardian has signed below.

TO BE COMPLETED BY A PARENT/GUARDIAN, UNLESS YAC PARTICIPANT IS AGE 18 OR OLDER.

Community Foundation for Northeast Michigan (and affiliate foundations: Iosco County Community Foundation, North Central Michigan Community Foundation, Straits Area Community Foundation)
General Waiver and Release of Liability and Photo/Media Release Form: This form covers all events and activities of the youth advisory councils.

Participant Name: _____

Parent/Guardian: _____

Date: _____