

Kraken Con

VOLUNTER MINOR PERMISSION, WAIVER & RELEASE FORM

I, _____
PLEASE PRINT FULL LEGAL NAME CLEARLY

give my consent for the Minor _____, age _____
PLEASE PRINT MINOR'S FULL LEGAL NAME CLEARLY MINOR'S AGE

to volunteer at Kraken Con 2018, occurring September 28-30, 2018. This Release and Waiver of Liability executed on the date signed below releases Kraken Con, the Oakland Convention Center, the Oakland Marriott and/or any of its authorized representatives. The Minor desires to provide volunteer services and engage in activities related to serving as a volunteer.

I understands that the scope of Minor's relationship with Kraken Con is limited to a volunteer position and that no compensation is expected in return for services provided by Minor; that Kraken Con will not provide any benefits traditionally associated with employment to Minor; and that Minor is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Minor's services.

1. Waiver and Release: I, the undersigned on behalf of the Minor, release and forever discharge and hold harmless Kraken Con and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services Minor provides to Kraken Con. I understand and acknowledge that this Release discharges Kraken Con from any liability or claim that I may have against Kraken Con on behalf of the Minor with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services Minor provides to Kraken Con or occurring while Minor is providing volunteer services.

2. Insurance: Further I understand that Kraken Con does not assume any responsibility for or obligation to provide Minor with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Kraken Con beyond what may be offered freely by Kraken Con in the event of injury or medical expenses incurred by Minor.

3. Medical Treatment: I hereby Release and forever discharge Kraken Con from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during Minor's tenure as a volunteer with Kraken Con.

4. Assumption of Risk: I understand that the services minor provides to Kraken Con may include activities that may be hazardous to Minor including, but not limited to moving heavy objects and involving inherently dangerous activities. I hereby expressly assume risk of injury or harm from these activities on behalf of Minor and release Kraken Con from all liability.

5. Photographic Release: I grant and convey to Kraken Con all right, title, and interests in any and all photographs, images, video, or audio recordings of Minor or Minor's likeness or voice made by Kraken Con in connection with Minor providing volunteer services to Kraken Con.

6. Other: I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected. I the undersigned represent and affirm that I am the parent or legal guardian of the Minor whose name appears above. I understand and agree that the above terms and conditions apply to the Minor and to me. I further agree to indemnify and hold harmless Kraken Con from any and all claims which are brought by, or on behalf of the Minor, and which are in any way connected with the Minor's participation in volunteering. My signature establishes that I have carefully read and understand this agreement and it is proof of my intention to execute a complete and unconditional waiver and release of all liability to the full extent of the law. I am 18 years of age or older and mentally competent.

Parent or Guardian Name _____ Date _____

Parent or Guardian Signature _____

Street Address _____

City, State, Zip _____ Phone _____

Emergency Contact Phone _____