

YOU GIVE PERMISSIONS TO THE FOLLOWING BY ENTERING THIS PREMISES

URBANLIFE HOPE CENTER, WAIVER, PARENTAL WAIVER AND RELEASE OF LIABILITY PLEASE READ CAREFULLY

I ACKNOWLEDGE THE INHERENT RISK INVOLVED IN ALL ACTIVITIES OR EVENTS WITH ULM. ACCORDINGLY, IN CONSIDERATION OF MYSELF, OR MY CHILD BEING ALLOWED TO PARTICIPATE AT THE HOPE CENTER/OR IN ALL OTHER ACTIVITIES AND MENTORING WITH ULM, I AGREE TO THE FOLLOWING:

1. I ACKNOWLEDGE AND FULLY UNDERSTAND THAT I (or child) WILL BE ENGAGING IN ACTIVITIES THAT MAY INVOLVE RISK OF SERIOUS INJURY WHICH MIGHT RESULT NOT ONLY FROM MY (or child) ACTIONS, BUT ALSO FROM THE ACTION OF OTHERS; AND FURTHER, THAT THERE MAY BE RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE.
2. ON BEHALF OF MYSELF (or my child), I AGREE TO ASSUME ALL THE FOREGOING RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR MY OWN DAMAGES FOLLOWING SUCH INJURY.
3. ON BEHALF OF MYSELF (or my child), I RELEASE, DISCHARGE, WAIVE AND COVENANT NOT TO SUE URBANLIFE MENTORS INC. AND ALL THEIR RESPECTIVE AGENTS, AFFILIATES, ASSOCIATES, OFFICERS, DIRECTORS, OWNERS, AND EMPLOYEES (COLLECTIVELY "RELEASES") FROM DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF ANY INJURY, DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY RELEASES OR ANY OTHER PARTY'S ACTIONS, INACTION, OR OTHERWISE; AND AGREE TO INDEMNIFY RELEASES FROM ANY AND ALL THIRD PARTY CLAIMS CAUSED IN WHOLE OR IN PART BY MY (or child) ACTIONS.
4. IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE AN ADULT LEADER TO ACT AS AN AGENT FOR ME, TO CONSENT TO ANY MEDICAL OR DENTAL EXAMINATION OR TREATMENT AND HOSPITAL CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON, LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE WHERE THE SERVICE ARE RENDERED. I EXPECT TO BE CONTACTED AS SOON AS POSSIBLE.
5. I ACKNOWLEDGE THAT MY PICTURE MAY BE TAKEN DURING THIS EVENT. I RELEASE URBANLIFE MENTORS INC. TO PUBLISH THESE PHOTOS OR FILM TAKEN. THIS MAY INCLUDE TO SOCIAL MEDIA, WEBSITE AND MARKETING.



URBANLIFE
MENTORS

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