



Liability Release/Parental Consent

I _____, (Student), understand and agree that I am voluntarily participating in activities and programs of the All Stars Project, Inc. ("All Stars"), including the participation in UX, a program of the All Stars Project.

I acknowledge that the All Stars activities, including, but not limited to, attending workshops on and off site and traveling to workshops by either private bus or public transportation may be subject to certain hazards. I further acknowledge that I am voluntarily participating in the All Stars activities and understand and accept any and all dangers and risks involved.

In consideration of All Stars permitting me to participate in the All Stars activities, I hereby release and hold harmless All Stars and its directors, officers, agents, employees, volunteers, and representatives (collectively, "All Stars' Representatives"), of and from any and all liability, claims, damages, actions and causes of action whatsoever on account of any loss, damage or injury to person or to property, suffered or incurred by me at any time arising out of my voluntary participation in All Stars activities, whether resulting from the negligence of All Stars, All Stars' Representatives or otherwise (collectively, "Liabilities").

In case of medical emergency, I hereby give permission to All Stars to seek treatment or medical care that it deems reasonably necessary, including hospitalization, for my health and well-being.

From time to time All Stars may photograph, film, video, tape or otherwise record its activities, or allow such to occur. I hereby grant permission for my image or voice to be used by All Stars without further consideration. I acknowledge All Stars' right to crop, edit or treat the image or voice at its discretion. I am authorized to waive, and hereby waive, any claim, including but not limited to any claims deriving from rights of inspection and approval, privacy, publicity, copyright or any other intellectual property right, or compensation I may have with respect to any use of such image or voice and any story/editorial/video/recording in conjunction with the All Stars and its work.

This Release and Consent will be governed by and subject to the laws and exclusive jurisdiction of the courts of the State of New York.

Date: _____

Signature of Student*

*Must be signed by parent or legal guardian if the student is under age 18 on the date this Release and Consent is signed.

I, the undersigned, hereby certify that I am the parent or legal guardian of the Student, and have read the above liability release and consent. On behalf of myself and the Student who is a minor, I agree to the terms of this release and consent. I agree to be bound by all of its terms, including, my release of All Stars and the All Stars' Representatives from all Liabilities as detailed above. I also agree that the above minor is physically able to participate as a Volunteer with the All Stars Project.

Date: _____

Signature of Parent/Legal Guardian

Print Name of Parent/Legal Guardian

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