

**Asian Media Access
Parent/Guardian Permission Agreement
Program: 2007 Youth Media Camp, Oct. 18 – 20, 2007**

1. I hereby grant permission for my child/ward to use all equipment and participate in all activities of the program named above.
2. I hereby grant my permission for Asian Media Access or any person associated with them to act on my behalf in the case that emergency medical care is needed for my child/ward. This may include but is not limited to the following: a) applying first aid; b) attempting to contact a parent or guardian; c) attempting to contact the child's physician.
3. I hereby grant permission for medical personnel to act as judgment dictates in case that emergency medical care is needed for my child/ward.
4. I agree that Asian Media Access shall not be responsible in case of sickness or injury of my child/ward while in attendance at the facility or in transit to and from the facility or on a field trip.
5. I agree that neither Asian Media Access nor any person associated with them has any responsibility to me or my child/ward from any claims arising from any accident, health care, or medical treatment.
6. I hereby grant permission for my child/ward to ride in authorized vehicles.
7. I hereby grant my permission for my child/ward to be recorded by electronic and print media and I understand that this image and/or recording may be used for the purpose of documenting events, promotional and/or public relations activities; and it may be televised, broadcast, printed and otherwise be available.

I hereby release any and all claims against Asian Media Access arising in connection with the usage of the above-mentioned image and/or recording. I specifically waive any compensation. I acknowledge this release is firm and final and understand that Asian Media Access may proceed in reliance thereon.

8. I hereby grant permission for my child to leave the premises under proper supervision for neighborhood walks and field trips.
9. I understand that any expenses incurred under items two through four above will be the sole responsibility of the child/ward's family.
10. Please identify any allergies, health issues or special needs for your child:

I have read the above terms and agree to them while my child is a participant of Asian Media Access' program named above.

Youth Participant name (Please Print)

Parent/Guardian name (Please Print)

Date

Parent/Guardian signature

Date

Contact in case of emergency

Relationship

Phone Number/s

Physician's Name/Address

Phone Number/s