

POP INC.

PERMISSION SLIP AND HOLD HARMLESS AGREEMENT (minors)

The undersigned parent/legal guardian hereby gives permission to _____
POP Inc., for my child (insert minor's/child's name) _____ to take part in the following
activity/activities _____.

Should my child require immediate or emergency medical care while engaged in any activity sponsored by POP Inc., in my absence, I hereby grant POP Inc. authority to release my child for medical treatment to such medical personnel as POP Inc. determines appropriate under the circumstances.

In consideration for the privilege of allowing my child to participate in any and all POP Inc. activities, I hereby voluntarily and absolutely release and discharge the POP Inc., its officers, agents, board members and employees (the "Released Parties"), from any and all loss, damages, actions, claims and causes of action whatsoever, whenever arising between this date and the end of time, including without limitation, and loss, damages, actions, claims or causes of actions relating to any personal injury, property damage, or wrongful death that I may suffer as a result of my volunteering or affiliation with POP Inc., including without limitation, my participation in the Event, or the use of any facilities or equipment owned or used by Pop Inc., whether or not such injuries or damages are caused by the actual or constructive negligence or gross negligence (active or passive) of POP Inc., any Released Parties, the Event host, or any other person or entity.

I further indemnify and hold harmless POP Inc. and the Released Parties from any and all loss, damages, actions, claims and causes of action whatsoever, whenever arising between this date and the end of time, pertaining to me or any person that may claim through me, including without limitation, any insurer, and under no circumstances will present any claim or cause of action against POP Inc. or the other Released Parties for any matter whatsoever, including personal injury, property damage, wrongful death or otherwise, whether caused by any act of negligence by POP Inc., the Released Parties, the Event Host, or any other person or entity.

I agree that in the event of an injury to my child, or otherwise if in connection with any activity involving POP Inc., whether or not caused by the negligence or gross negligence (active or passive, constructive or actual) of POP Inc., the Released Parties, the Event Host, or any other person or entity, I will be solely responsible for the payment of any hospital, medical, dental, or related costs and expenses, and the same will be paid either by me or my spouse, accident, hospital or medical insurance, or any available benefit plan of mine or my spouse., without any right of contribution from or claim against POP Inc., the Released Parties, or the Event Host.

I authorize the making of photographs, motion, pictures, videotapes, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

I warrant and represent that I am fully aware of and understand the terms and legal consequences of the signing of this Waiver and Release. I HAVE BEEN ADVISED TO SEEK LEGAL COUNSEL PRIOR TO SIGNING THIS RELEASE AND I HAVE DONE SO OR CHOSEN NOT TO DO SO AFTER HAVING HAD AMPLE OPPORTUNITY. I intend that my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Child(ren)'s Allergies, Medical Conditions, or Special Instructions: _____

Date Signature of Parent or Legal Guardian

Telephone number(s): Home: (____) _____ Work: (____) _____

Emergency Contact Person:: _____ Emergency # (____) _____

The above signed parent or legal guardian has the following form of health/accident insurance covering the child:

Company

Member Number