



## NEWFILMMAKERS LA

### STUDENT MENTORSHIP PROGRAM RELEASE

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STUDENT (CHILD/WARD) NAME \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

DATE \_\_\_\_\_

**WAIVER:** I understand and agree that as the parent/guardian I am providing permission for my Child/Ward to participate in any and all programs offered and/or hosted by NewFilmmakers Los Angeles and am waiving any and all claims whatsoever against NewFilmmakers Los Angeles (NFMLA) and its Partners, Sponsors, Board of Trustees, Officers, Employees, Agents, Representatives, and/or volunteers for injury, accident, illness, property damage, and death occurring during or by reason of participation in program and/or hosted activity. Further, I understand that of my own volition and insistence, I give permission for my child/ward to depart from the scheduled activities or use transportation other than that provided by NewFilmmakers Los Angeles (NFMLA). It is fully understood that NewFilmmakers Los Angeles (NFMLA) is in no way responsible, nor assumes liability, for any injuries or losses resulting from my child's/ward's departure from the scheduled program, event, activity and/or transportation. Furthermore, I understand and give permission for my child's/ward's likeness to be used in any and all media that is captured during the program, event or activity.

I, \_\_\_\_\_, declare that I am the parent/guardian of the child/ward identified in this form. I have read and understand the above waiver and conditions of the program/activity/event. Further, I agree to hold harmless, defend and indemnify NewFilmmakers Los Angeles (NFMLA), its Sponsors, Partners, Board of Trustees, Officers, Employees, Agents, Representatives, and/or Volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, related to or arising out of, or in connection with my child's/ward's participation in this activity/program/event.



I hereby give permission to child/ward to participate in activities, programs and/or events offered and/or hosted by NewFilmmakers Los Angeles (NFMLA).

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

EMERGENCY CONTACT NAME & RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT PRIMARY PHONE \_\_\_\_\_

EMERGENCY CONTACT SECONDARY PHONE \_\_\_\_\_

**Assumption of the Risk and Waiver of Liability**  
**Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

**NewFilmmakers Los Angeles (NFMLA)** has put in place preventative measures to reduce the spread of COVID-19; however, NFMLA **cannot guarantee** that your child will not become infected with COVID-19. Furthermore, **attending the NFMLA Student Mentorship Program could increase** your child's risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child may be exposed to or infected by COVID-19 by attending **NFMLA's Student Mentorship Program** and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at **NFMLA's Student Mentorship Program** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, **NFMLA** employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child may experience or incur in connection with my child's attendance at the **NFMLA's Student Mentorship Program**. On my behalf, and on behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless **NFMLA**, its employees, agents, and representatives, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of **NFMLA**, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any **NFMLA** program.

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Signature of Parent/Guardian

Date

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Print Name of Parent/Guardian

Name of Child