



**FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold Ronald McDonald House Charities® of Southern California and any of its programs harmless from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Number

**Photo Release** – Please complete and sign the photo release below

**Ronald McDonald House Charities of Southern California®  
Grant, Assignment, Release and Waiver**

I hereby grant to Ronald McDonald House Charities of Southern California® (RMHCSC), its affiliates, subsidiaries, advertising and promotional agencies, and their agents and representatives (collectively, "RMHCSC"), the irrevocable, unrestricted worldwide right to use, publish, display, broadcast, edit, modify and distribute materials bearing my name, voice, image, likeness and/or any other identifiable representation of myself (collectively, "My Likeness"). These materials may appear in any form, style, color or medium whatsoever now known or later developed (including, without limitation, photographs, videotapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media).

I agree that all materials containing My Likeness (including, without limitation, all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of RMHCSC, and I hereby assign any right I may have acquired in or to such material to RMHCSC. I hereby release and forever discharge RMHCSC from any and all claims, liabilities and damages relating to the use of My Likeness.

I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporates My Likeness.

I have agreed to the above in consideration of the opportunity given to me by RMHCSC to appear in these materials. I acknowledge that I have fully read and understand this document and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
City, State, Country, Zip/Postal Code

I represent that I am a parent or legal guardian of the person identified above, who is a minor. I understand the above and consent to the use of his/her Likeness as set forth above.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Minor's Date of Birth

\_\_\_\_\_  
Name of Parent or Guardian (please print)