 217 Centre Street, Suite 183

aaytcnyc@gmail.com New York, NY 10013 NJ office: PO Box 9113 Paramus.

www.betterchinatown.com Phone: 201-960-3106

***Release / Liability Waiver & Acknowledgment of Risk***

*Every participant or parent/guardian of a participant must complete, sign & date this form before participating in any competition or contest or activities & festivities. Please sign, date & return with registration form.*

*READ & SIGN BELOW*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand, agree & hereby release, waive & discharge Better Chinatown USA and their affiliates, trustees, directors, owners, employees, agents, guest artists, volunteers, members and / or students from any and all liability for injury, loss, damage, obligation, expense or penalty, including attorney fees, that I may cause or sustain in connection with my participation with the Asian American Youth Competition whether caused by negligence or carelessness of Releases or otherwise. I voluntarily agree, therefore, to assume all risks & responsibility for any such injury, accident, which might occur to me or my child during the competition, festivities or activities. I also exempt, release, & indemnify Better Chinatown USA, its affiliates, trustees, directors. owners, agents, volunteers, assistants, employees, guest artists, members and /or students from any and all liability claims, demands or causes of action whatsoever from any damages, loss, injury or death to me, my children or property which may arise out of or in connection with participation in any of the competition activities conducted by Better Chinatown USA. By signing below, I / my son / my daughter further hereby voluntarily agree to waive my rights & assumes sole responsibility for any accident or injury to me/ him/ herself & other persons or property arising out of or in connection with participation in Better Chinatown USA activities or festivities. In addition, I/ my son / my daughter have/ has adequate coverage under a health & accident insurance policy applicable to the activities in which I/my son/ my daughter may engage. I understand that I should be aware of my / my child's physical limitations and agree not to exceed them. In signing this Release & Waiver, I represent that I have read its contents, that I understand it & sign it voluntarily on my child's behalf as my own free act & deed. I further state I am at least eighteen years of age, am the parent / legal guardian & fully competent to sign this document & that I execute this Release in consideration of my/my son/my daughter's participation in Better Chinatown USA activities & programs fully intending to be bound by same.

Permission is granted to Better Chinatown USA to use photographs of students for publicity purposes.

***I have read, understood & agree to be bound by the above statement*:**

PRINT Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_