

# LIABILITY WAIVER FORM

*(For participants under 18 years of age)*

\_\_\_\_\_ **(name of participant)** has my (our) permission to participate in **CANON PHOTO MARATHON 2017**

The undersigned parent or guardian assumes all risks in connection with the minor in CANON PHOTOMARATHON 2017 on 12th November 2017

I (we) hereby release and discharge **INTERHOUSE COMPANY, management and employees** from all liability, claims or demands for any damage, loss or injury, property or parent's property in connection with the minor in this event.

I do hereby certify that to the best of my (our) knowledge and belief said minor is in **good health**. In case of **illness or accident, permission is granted for emergency treatment to be administered.**

It is further understood and agreed that the undersigned will assume full responsibility for an such action including payment of costs.

I (we) hereby abide by the Terms and Conditions of Canon PHOTOMARATHON 2017.

I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician or which could limit participation:

\_\_\_\_\_  
If none, please write none.

\_\_\_\_\_  
Parent's Signature / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Address