



Matrix Mighty Milers Liability Release Form & Photo Release Form

Liability Release Form

Date: _____

Participant: _____

By below, I agree and completely understand that I am releasing Matrix Parent Network & Resource Center from all liability, costs and damages which could arise from participating in the above-named event. I agree to accept all financial responsibility for the costs related to any emergency treatment and give confirmation of the same by signing this document.

Signature of Participant: _____ Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Photo Release Form

I give permission to Matrix Parents Network & Resource Center to use and publish my and or my child's photograph for promotional purposes through social media, their website, fliers, etc.

Signature of Participant: _____ Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

I DO NOT give Matrix Parents Network and Resource Center permission to use my or my child's photograph for any promotional purposes.

Signature: _____ Date: _____