

**MINOR LIABILITY WAIVER & RELEASE FORM: THIS IS A RELEASE OF LEGAL RIGHTS
PLEASE READ AND UNDERSTAND BEFORE SIGNING**

I hereby certify that I, _____ (parent/ guardian's full name) am the legal parent or guardian of _____ child's full name), a minor child under the age of eighteen years, and I consent to his/her participation in LET'S LEARN OUTDOOR SUMMER LEARNING CAMPS (**LLOSLC**), a recreational learning program and activity taking place outdoors.

I understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of bodily injury, property loss or damage, etc.) of my child during participation in the activities at **LLOSLC**. I recognize my responsibility to ensure that said minor child participates only in those activities for which he/she has the required skills, qualifications, training and physical conditioning. I understand that Let's Learn Tutoring, LLC. shall have no responsibility to pay for medical treatment and related costs if said minor child is injured nor responsible for property loss or damage.

Knowing the risks described above, I agree, personally and on behalf of the minor child named above, to assume all the risks and responsibilities surrounding my minor child's participation in **LLOSLC**. To the fullest extent allowed by law, I agree not to indemnify Let's Learn Tutoring, LLC, its employees, volunteers, families or students, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said minor child may suffer or for which said minor child may be liable to any other person, related to said minor child's participation in **LLOSLC** activities, resulting from any cause whatsoever, and regardless of fault.

I am at least eighteen years of age and have carefully read and freely signed this Liability Waiver and Release Form for my child. I understand and agree that no oral or written representations can or will alter the contents of this document.

Legal Parent/ Guardian Name:

Signature:

Date:

PHOTO & VIDEO CONSENT FORM

I, _____, the parent or legal guardian of _____ [Child's Full Name] grant **Let's Learn Tutoring, LLC** permission to obtain and use photography and videography of my child and my child's work for purposes, including, but not limited to, social media, publicity, advertising, ownership to copyright, illustration, web content, etc.

Furthermore, I understand that no royalty, fee, nor other compensation shall become payable to me by reason of such use. Let's Learn Tutoring will not share nor post personal information (i.e. child's full name or age) unless having received written consent from a legal parent or guardian of the child in question.

Legal Parent/ Guardian Name:

Signature:

Date:

www.LetsLearnTutoring.com

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