

# Kids Korps USA Agency Consent

Project Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Project Leader Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Agency and their Clients Consent and Release from Liability

Release of Liability: I understand that my, or my clients, participation in any Kids Korps USA activity is voluntary. Further, I understand that participation can be a hazardous activity. By signature below, I agree that neither I, my successors, assigns, nor anyone acting on my behalf will hold Kids Korps USA, its officers, agents, employees, or volunteers, liable for any injury, accident, or illness arising out of my, or my clients, voluntary participation.

I hereby release Kids Korps USA, its officer, agents, employees, or volunteers from and against any and all claims. I forever discharge Kids Korps USA, its officers, agents, employees, or volunteers, from my claims, judgments, damages, lawsuits, cost liabilities, expenses, including attorney's fees and court costs resulting from any personal or property damages that I, or my client, may sustain during voluntary participation.

I hereby consent to and authorize Kids Korps USA to interview, photograph, film or videotape myself, or my client, during participation. I further understand that said materials will remain the property of Kids Korps USA and be used for Kids Korps publications and news releases without my written consent.

I am aware of the possible danger associated with participation and therefore agree to accept any and all risks of injury or damage. Further, I release Kids Korps USA from liability for injury or damage caused by negligence. I have carefully read this agreement and fully understand its contents. I am aware that this is a release from liability.

**I hereby acknowledge that I am acting in such capacity and on behalf of all of my clients.  
I have carefully read the release of liability and I fully understand its contents.**

Agency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Consenting Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

	Client Name Print	Client Signature
	Joe Black	Joe Black
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