



Of Greater Fort Lauderdale, Inc.

Parental Consent Form

I, _____ [name of parent, guardian], being the parent or legal guardian of _____ [youth's name], a minor child, age _____, born on _____ [date of birth], do hereby grant full consent for my minor child to participate in all events and activities associated with the Zo's Summer Groove All Star Basketball Game with the 100 Black Men of Greater Fort Lauderdale, Inc. in Miami, Florida, July 15, 2007. I further agree to assume all responsibility for my minor child's participation in such events and activities and the possible consequences arising out of such participation. I hereby waive, release and discharge the 100 Black Men of Greater Fort Lauderdale, Inc., its officers, directors, members, employees, agents, contractors, affiliates, sponsors, successors and assigns, including the activity providers for the Youth Programs and other Activities, from any and all liabilities, claims, causes of action and demands whatsoever, relating to any illness, injury, death or harm to my minor child and/or property of my minor child, whether caused by the sole or joint negligence, tortuous act, or other act or omission of any of these persons or entities. I further agree to indemnify the 100 Black Men of Greater Fort Lauderdale, Inc. and the released parties identified above for all acts of my minor child and all costs associated with the care for my minor child, including but not limited to any claims which may be filed for or on behalf of said minor child or against the released persons or entities as a result of the acts of such minor child.

I further acknowledge and agree that my minor child may be denied participation in any events and activities and suspended from any Programs if he/she fails to strictly adhere to the guidelines. I hereby grant the unrestricted right to use my minor child's name and likeness for all and any purposes in connection with the programs of the 100 Black Men of Greater Fort Lauderdale, Inc.

I further agree to be personally responsible for any medical expense or other costs for the emergency care of my minor child and hereby grant permission to provide such care and make such decisions as necessary in connection with the emergency care for my minor child. I hereby certify that my minor child has no physical or mental limitations or disabilities requiring special attention, except as specifically set forth below:

PARENTAL CONSENT FORM

100 Black Men of Greater Fort Lauderdale, Inc.

I hereby declare that the foregoing consent and release has been read, is understood, and is binding on me and my minor child; and that I have full and absolute authority to grant such consent and cause such release to be given on behalf of such minor child.

Signed this _____ day of _____, 2007.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

Name of Minor: _____

Address of Minor: _____

Parent/Guardian's Emergency Contact Number: _____