

**ACE ENTERPRISES INC.
PARENT/GUARDIAN PERMISSION FORM
WAIVER OF CLAIMS & PARTICIPANT AGREEMENT**

By signing this document you will waive certain legal rights including the right to sue. Please read carefully:

I hereby grant permission for my child _____, age _____, to participate in the winter/fall Twelve Week Mentoring/Personal Development sessions offered by ACE Enterprises, Inc., beginning on Monday January 17, ²⁰¹¹ and I hereby agree as follows:

I, as parent/guardian with legal responsibility for this participant, do consent and agree to his release as provided above of all the Releases, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless for Releases from any and all liabilities incidents to my minor child's involvement or participation in this program as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

I fully understand and acknowledge that risks and dangers exists in my child's participation in such activities as group outings and/or use of such equipment may result in injury, illness, or death, or damage to personal property; these risks and dangers may be caused by other participants, or by accidents, or by the unpredictable forces of nature or other causes.

I affirm that my child will not be under the influence of alcohol or any mind-altering substance, and will not carry, use or consume these substances before or during his scheduled activities.

My child is in good health and has no known physical disabilities or health problems which will present any risk to his participation in the activities. The above agreement shall be binding on my heirs, successors, assigns, administrators and executors.

I further agree that ACE Enterprises, Inc., or its representatives have permission and authority to address and treat medical conditions and emergencies as they deem appropriate, and I agree to pay any charges for such medical treatment, including related transportation, and will indemnify ACE Enterprises, Inc., or its representatives for the same.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE THAT IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ACE ENTERPRISES INC, TWELVE-WEEK MENTORING PERSONAL DEVELOPMENT SESSIONS AND ACTIVITIES AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH. IT IS MY INTENTION TO EXEMPT AND RELIEVE ACE ENTERPRISES INC., FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Parent's/Guardians Signature _____
Parent's Name (printed) _____
Address _____
City, State, Zip _____
Child's Name (printed) _____ age _____
Child' Signature _____
Medical Conditions and special needs _____

Who to contact in the event of an emergency: Name _____
Relationship _____ Number _____

I DO or DO NOT (Please circle one) permit the use of any photos, slides, films or sketches taken during scheduled activities for publicity, advertising, promotion or other commercial purposes.

PLEASE GIVE COMPLETED FORM TO AN ACE REPRESENTATIVE

**ACE ENTERPRISES INC.
SACRAMENTO CALIFORNIA
916-685 -9953**