

PADRE FOUNDATION MODEL & PERFORMER CONTRACT

Parent Meetings and Model/Performer Rehearsals:

- Performer Practices: 2/8, 2/22, 3/7, 3/21, 4/4, 4/11, 4/18, 4/25, 5/2 of 2016 (6:30-8:00 PM @ See schedule)
- Parent Meetings: 2/22, 3/21, 4/18, 5/2 of 2016 (7:00-8:00 PM @ CHOC Conference Room A&B/2nd Floor)
- Mandatory Parent Meeting: 5/2/2016 (7:00-8:00 PM @ CHOC Conference Room A&B/2nd Floor)
- Model Rehearsal / Final Run Through: 5/2/2016 (6:00-8:00 PM @ CHOC Wade Center/2nd Floor)
- Model fitting at Macy's: TBD
- Final Rehearsal: The morning/afternoon of 5/7/16 at Hyatt Regency Huntington Beach Resort & Spa

In consideration for my child and/or my own participation in this program offered by the PADRE (Pediatric Adolescent Diabetes Research and Education) Foundation undersigned, hereby agree to indemnify and hold harmless PADRE, and its officers, agents, representatives, volunteers, and/or employees, from any loss and/or liability including expenses and costs, that may result from any death or injuries or damage to property that my child and/or myself may sustain while participating in any activity connected with PADRE, whether such death, injury or damage to property is caused by the passive or active negligent act or omission of PADRE, its officers, agents, representatives, volunteers, and/or employees or any other cause except intentional torts, fraud, or violation of law. I agree that I will make no claim against PADRE, and/or its officers, agents, representatives, volunteers, or employees for any injury or liability for which I have hereby indemnified PADRE. If any portion of this agreement is held to be invalid by a court of law, it is agreed that the remainder shall continue to be in full legal force and effect. Authorization is provided for the individual(s) listed as "emergency contact" to pick-up my child and authorize medical care, if necessary.

Permission is given to the PADRE Foundation to use my child and/or myself in any pictures, films, quotes, or videos of the

program, which will promote or benefit the work of the organization on behalf of those with diabetes. I further agree to assume responsibility for reasonable safety inspection of any grounds, structure of facilities at any location where I participate in the above program. I hereby represent that my child and/or I am physically able to participate in the above program.

In addition, I hereby consent to have my child _______ participate in the PADRE Foundation Fashion Show on Saturday, May 7, 2016. I agree that my child will be committed to the dates required as stated above. I also agree to the following: I will find sponsorships through my family, friends and business contacts in my area and will raise a minimum of \$300.00 plus \$25 valued silent auction item for the PADRE Foundation, by soliciting for donations, selling raffle tickets and volunteer to help prepare for the 2016 Fashion Show.

Please print

Name of Child: Birth Date:

Print Name of Parent(s) or Legal Guardian(s):	
Telephone:	E-mail Address:
Name of Physician:	Physician Telephone:
Parent/Guardian Signature	Date