



Dear Parents,

This letter is to inform you that your children (only ages 4-10) are invited to attend the Martin Luther King, Jr. Read-In at Wake Forest University on Saturday, January 18, 2014. The 5th Annual MLK Read-In will begin approximately at 9:30am and will last until 12:30pm. The location is Wake Forest University's Benson University Center, room 401. Please note, this is **not** the hospital, but is the university located off University Parkway and Reynolda Road.

Your child is eligible to attend this FREE event because they are associated with one of our partner organizations (Forest Park Elementary School, WS First, El Buen Pastor, the Potter's House, etc...) or because you are an employee of WFU or WSSU. You must provide transportation for your children to and from the event location on January 18th. In order for your child(ren) to attend, you **must** complete the attached registration form and return it to Benson 506 by **Friday, January 10th**. If any children arrive on January 18th without being registered, we will have to turn them away. This is to ensure that all children have their parents' permission and that we have their necessary contact information in case of emergency.

The purpose of the event is to celebrate Dr. King's life and promote his messages about civil rights, literacy, and the importance of community service. Each child will receive at least one new age-appropriate civil-rights themed book and a donated age-appropriate children's book to take home. Children will be paired with a caring "Reading Buddy" volunteer who will read to the children and will accompany them to various activities (in room 401) where the children will take part in acts of community service.

We hope your children can join us for the 5th Annual Read-In in January 2014! If you have questions, please contact the organization with which your child is associated (ex. Forest Park Elementary School) or Anna Donze (donzear@wfu.edu). The MLK Read-In was organized by the following partners: HandsOn Northwest North Carolina, Wake Forest University, Girl Talk Triad Chapter, and Winston-Salem State University.

In service,

The MLK Read-In Planning Committee



ASSUMPTION OF RISK AND RELEASE AGREEMENT

MLK DAY READ-IN AT WAKE FOREST UNIVERSITY

THIS IS A LEGAL DOCUMENT – READ CAREFULLY BEFORE SIGNING

This Assumption of Risk and Release Agreement (this “Agreement”) pertains to the MLK Day Read-In (the “Program”) at Wake Forest University (“WFU”). The Program promotes literacy and service to children ages 4 through 10, and will be held on the WFU campus from 9:30 a.m. until 12:30 p.m. on January 18, 2014. The Program is organized by Wake Forest University, HandsOn Northwest North Carolina, Winston-Salem State University, and Girl Talk Triad Chapter (collectively, the “Event Organizers”). In consideration of the opportunity to participate in the Program, the undersigned agrees to the following:

1. **Voluntary Participation.** I have voluntarily elected to participate in the activities included in the Program, which include but are not limited to participation in service station activities, learning games, reading activities between volunteers and children, and reflection activities. I understand that none of the Event Organizers requires me to participate in the Program; I voluntarily choose to participate and I voluntarily assume the risks.
2. **Program Risks.** I am aware that there may be risks as I take part in Program activities. Some of these risks include, but may not be limited to, the following abrasions, scrapes or broken bones; the hazards of travel by car or other forms of transportation (including transportation provided by an Event Organizer); the potential of injury as a result of the criminal, negligent, or injurious acts of others; loss of valuable personal property; and injury resulting in serious, permanent physical injury, or even death, from accidents, natural disasters or acts of God, or from medical care or treatment received incident to such injuries. These examples are not intended to be all-inclusive, but merely to exhibit my awareness of the risks inherent in my participation in the Program. **I understand and assume these risks.**
3. **Release of Claims.** Knowing the risks described above, and in consideration of being allowed to participate in the Program, I hereby assume all risks and responsibilities surrounding my participation in the Program, and I release each of the Event Organizers and their respective officers, directors, trustees, agents, students and employees from any and all liabilities, claims, or demands for damages for personal injury, disability, property damage or other loss, damage, or injury of any kind that I may suffer or sustain as a result of my participation in the Program, whether such loss, damage, or injury results from the negligence of such released parties or otherwise (except for claims or liability arising directly from the gross negligence of such parties). I further agree to indemnify and hold harmless each of the Event Organizers and their respective officers, directors, trustees, agents, students and



employees from any and all loss, liability, damage or costs that it or they may incur as a result of my participation in the Program or arising from or out of any of my acts or omissions.

4. **Compliance with Rules and Policies.** I agree to comply with all the rules, regulations and policies of WFU, including those applicable generally and those pertaining specifically to the Program. I acknowledge that authorized officials of WFU may from time to time establish rules and policies for the Program which may be announced orally or in writing, and that I will be expected to comply with such rules and policies.
5. **Medical Treatment Authorization.** Each of the Event Organizers and their respective officers, directors, trustees, agents, students and employees are authorized (but are not obligated) to take any actions (including notification of my parents or guardian) they may consider to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses related thereto, and hereby release each of the Event Organizers and their respective officers, directors, trustees, agents, students and employees from any and all liability for any such actions or for payment for any such authorized treatment. I hereby certify that I am physically capable of participating in the Program. I understand that if I have any physical condition or require any treatment or medication of which a medical professional should be aware, I will provide written notification of such (along with a copy of this Agreement) to Sarah Jackson or Shelley Sizemore on the WFU campus.
6. **Program Changes.** The Event Organizers have the right to make cancellations, substitutions, or changes in the case of emergency or changed conditions including the level of interest in the Program. I accept all responsibility for loss or additional expenses due to emergency or changed conditions or other unforeseen causes. I understand that the Event Organizers are not responsible for any such disruptions in the Program, nor for any consequent expenses I may thereby incur.
7. **Media Release.** I agree to allow pictures, videos and audio recordings of me to be taken during the Program. The pictures, videos and audio recordings (if any) may be seen or heard on local news broadcasts and in any of an Event Organizer's materials or publications, including but not limited to the Internet. I do not have the right to decide what the material states or how the pictures, videos and audio recordings will be used, and I will not be paid for any use of such material. All rights in such pictures, videos or audio recordings are the property of the Event Organizer taking the pictures, videos or audio recordings in question.
8. **Binding Effect; Construction; Forum.** I acknowledge that this Agreement will be binding on me, as well as members of my family, my spouse, heirs, assigns and personal representatives. This Agreement will be construed under the laws of the State of North Carolina, which will be the forum for any lawsuits filed under or incident to this Agreement or to the Program.



I (a) am the parent or legal guardian of the minor participant; (b) have read and understand the foregoing Agreement (including such parts as may subject me to personal financial responsibility); (c) am and will be legally responsible for the obligations and acts of the minor participant as described in this Agreement; (d) agree, for myself and the minor participant, to be bound by its terms; and (e) acknowledge that the minor participant is physically able to participate in the Program.

Relationship to child:

Print or type name of child:

Print/type name of parent/legal guardian:

Organization child is attending with:

Guardian's Address: _____ Child's Date of Birth: _____

Telephone number where you can be reached during this activity: _____

Doctor's Name: _____ Phone Number: _____ Name of Insurance Company : _____

Policy Number: _____

If parent cannot be located in the event of an emergency, contact:

Name: _____ Address: _____

Phone: Daytime _____ Cellular _____

Signature of parent/legal guardian:

_____ Date: _____