

Participation Agreement and Waiver of Liability

I hereby fully and voluntarily consent to my child’s (or children’s) participation in Reading in Italian organized by the Istituto Italiano di Cultura di New York.

I understand and acknowledge that participation in the Program may involve certain risks, including but not limited to:

Physical activities such as running, jumping, and other similar movements;

The risk of bodily injury, including but not limited to cuts, bruises, sprains, strains, and injuries resulting from falls;

The risk of illness, including exposure to contagious diseases;

And other unforeseeable risks that may arise during or as a result of participation.

I knowingly and freely assume all such risks, both known and unknown, and take full responsibility for my child’s (or children’s) participation in the Program.

In consideration for being permitted to participate, I hereby release, discharge, and agree to indemnify and hold harmless the Istituto Italiano di Cultura di New York, its members, officers, agents, employees, and representatives (collectively, the “Released Parties”) from and against any and all claims, demands, actions, damages, liabilities, expenses (including attorneys’ fees), or causes of action of any kind, whether known or unknown, arising out of or in connection with my child’s (or children’s) participation in the Program. This release includes claims arising from the negligence of the Released Parties.

I further agree not to initiate or pursue any legal action against the Istituto Italiano di Cultura di New York, its members, officers, agents, or employees with respect to any such claims, damages, or injuries arising from or related to participation in the Program.

By enrolling in the Program, I confirm that I have carefully read, fully understand, and voluntarily accept the terms of this Participation Agreement and Waiver of Liability. I acknowledge that this Agreement shall be binding upon me, my child or children, and our respective heirs, executors, administrators, and assigns.

I consent to my child being photographed for use in news articles and for the promotion of the program on the Institute’s website and social media platforms.

Child’s name \_\_\_\_\_ Parent or Guardian signature \_\_\_\_\_

Signature Section (please print and sign) Participant’s Name (Child): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_