



INFORMED CONSENT/PARTICIPANT RELEASE

By registering for a Starshine Program, I, the participant or the parent/guardian of the participant(s) named here, _____

_____ understand the possibility of injuries resulting from activities sponsored by Starshine, LLC. I hereby acknowledge and accept all risks and hazards incidental to participation in such activities. I hereby release, absolve, indemnify and hold harmless Starshine, LLC and its employees and agents from any injury, whether to person or property, of the participant resulting from such activities. In case of personal injury to participant, I hereby waive any and all claims against Starshine, LLC, its employees and agents. I understand there is no insurance coverage provided by Starshine, LLC for participant and that such coverage constitutes a responsibility of the participant and/or the undersigned.

_____ I hereby consent to emergency medical treatment of participant to assure prompt treatment and prevention of undue delay, and I understand that such treatment may be provided by either a licensed physician or trained emergency care technician.

_____ I agree that Starshine, LLC may use, reproduce, and distribute participant's likeness for Starshine, LLC communication or marketing purposes.

I acknowledge that I have read, fully understand and accept the above provisions and I recognize that the Starshine, LLC is relying on such acceptance in permitting participant to engage in Starshine, LLC activities.

Participant (over the age of 18) or Parent/Guardian Signature

Date

Participant (over the age of 18) or Parent/Guardian Email