



Making Waves Education Foundation Parental/Guardian Permission & Media Release Form

Dear Parent/Guardian,

Congratulations! We are excited to share that your child has been selected to participate in the **Hands-On Health: Paid Career Exploration Fellowship**, a 2.5-day learning experience designed for young adults who are eager to explore career pathways in healthcare. **Please complete and sign the form to grant permission for your child to participate.**

Fellows will be part of a cohort of motivated young professionals-in-the-making, **working alongside peers and industry experts to tackle real-world challenges, develop problem-solving skills, and expand their network.**

Fellowship Details

- **Focus:** Nuclear Medicine, a specialized medical imaging field that helps doctors see what's happening inside the body in real time
- **Dates:** April 7–9, 2025
- **Location:** Richmond, California
- **Schedule:**
 - Monday, April 7: 8:30am – 4:30pm at [Making Waves Academy](#)
 - Tuesday, April 8: 08:30 am - 04:30 pm at [Kaiser School of Allied Health](#)
 - Wednesday April 9: 08:30 am - 12:30 pm at [Kaiser School of Allied Health](#)
- **Compensation:** Participants will earn \$20 per hour upon successful completion of the fellowship.
- **Transportation Support:** Prepaid transportation cards or reimbursements may be provided

Please note, this form is required for participation. If we do not receive the signed form by the deadline, your child will not be able to take part in the program.

If you have any questions, please don't hesitate to reach out. We look forward to welcoming your child to the program!

Making Waves Education Foundation Hiring Team

Career-Connected Learning Designer Seth Newsome at snewsome@making-waves.org

Parental/Guardian Permission & Media Release

Participant Information

- Student Name: _____
- Student Date of Birth: _____
- School Name: _____

Parental/Guardian Acknowledgments

By signing below, I confirm the following:

1. **Permission to Participate**

I grant permission for my child to participate in all activities related to the Hands-On Health: Paid Career Exploration Fellowship.

2. **Acknowledgment of Payment**

I understand that my child will receive a small payment for participation, and I agree that this payment reflects their active engagement in the program.

3. **Medical/Liability Waiver**

I acknowledge that reasonable precautions will be taken to ensure my child's safety during the program. I release the organizers from liability for injuries or incidents that may occur during the program unless caused by gross negligence.

4. **Emergency Contact Information**

Name: _____
Phone Number: _____
Relationship to Student: _____

5. **Media Release Approval (select one)**

- I approve ALL forms of Approved Media
 I approve NO forms of Approved Media

Media Release

Through this Media Release ("Release"), for good and valuable consideration (the receipt and sufficiency of which are hereby acknowledged), I hereby grant to Making Waves Education Foundation ("MWEF") and its respective affiliates and designees the worldwide, perpetual, irrevocable, transferable, sublicensable, fully paid-up right to use my child's name, likeness, image, voice and/or appearance ("Image") in connection with the creation and use of Approved Media (as defined below), in any form of media applicable to such Approved Media (whether now known or developed in the future) and for any purpose (including promotional purposes and on social media).



I acknowledge that neither my child nor I will not receive any compensation in connection with the Image or the Approved Media, and I hereby release MWEF and their affiliates and their respective designees, agents and assigns from all claims that arise out of or are in any way connected with my child’s Image or the Approved Media, or any use thereof. To the extent my child’s Image is used with or incorporated into any Approved Media, I acknowledge and agree that, as between, on one hand, MWEF, and, on the other hand, me, MWEF is the owner of all Approved Media (including any intellectual property rights in and to the Approved Media), and I hereby assign and agree to assign to MWEF any and all right, title or interest that I may have in the Approved Media, and agree to take any acts that MWEF deems appropriate to effect or enforce such rights.

I hereby approve and agree to my child’s participation in audio and/or video recordings, film, photos, still images, interviews, articles, testimonials, other texts or publications, and/or other creative projects (collectively, the “Approved Media”).

I acknowledge and agree that this Release is governed by the laws of the State of California without regard to the conflict of laws provisions thereof. Any action or proceeding by a party hereunder seeking to enforce any provision of, or based on any right arising out of, this Release may be brought against any of the other parties hereunder only in the federal or state courts in the State of California, Contra Costa County and I consent to the exclusive jurisdiction of such courts (and the appropriate appellate courts) in any such action or proceeding and waive any objection to venue laid therein. If any provision of this Release is held to be unenforceable, such provision will be reformed only to the extent necessary to make it enforceable, and such holding will not impair the validity, legality, or enforceability of the remaining provisions. MWEF’S COMBINED TOTAL CUMULATIVE LIABILITY IN CONNECTION WITH THIS RELEASE AND/OR ITS USE OF MY IMAGE, WHETHER IN CONTRACT OR TORT OR OTHERWISE, WILL NOT EXCEED THE GREATER OF (1) THE AMOUNT PAID TO ME IN CONNECTION WITH THIS RELEASE; OR (2) \$25.

Parent/Guardian Signature

I have read and understand the program details and grant my permission for my child to participate.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____