



# AFSCME/ACCENT 2024 GENERAL RELEASE AND WAIVER



I/we, the undersigned parent(s)/guardian(s), in consideration of ACCENT on Children’s Arrangements, LLC. ("ACCENT") providing the children’s activity programs for our child(ren), at the American Federation of State, County and Municipal Employees’ ("AFSCME") 46<sup>th</sup> International Convention in Los Angeles, CA from August 10–16, 2024 as designated below, do for myself/ourselves, my/our heirs, executors, administrators and assigns, hereby release and discharge ACCENT and AFSCME, its officers, directors, employees, agents and affiliates, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, which may arise from my/our child(ren)'s presence in the children’s activity programs, except for when arising from their gross negligence or willful misconduct. I/we agree to indemnify and to hold ACCENT and AFSCME harmless against loss from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, that may hereafter be made or brought by my/our child(ren) or by anyone on his/her/their behalf and I/we waive any and all rights of exemption under any federal and/or state laws against such claims. I/we further understand that ACCENT and AFSCME are not responsible for the conduct of other youth in the program and agree to indemnify and hold ACCENT and AFSCME harmless against any loss from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, that may hereafter arise from the conduct of my/our child(ren).

I/We authorize AFSCME and ACCENT to use images of my/our child/children in video or photograph at any time and in any manner in connection with its advertising, publicity and public relations program.

ACCENT staff is present to assure the safety and well-being of all program participants. All participants are expected to respect themselves, other people and their property.

I/We hereby recognize and accept the release and waiver.

1) _____	_____
(Child's Name)	(Age)
2) _____	_____
(Child's Name)	(Age)
3) _____	_____
(Child's Name)	(Age)

Our child(ren) has/have the following allergies, language and/or special needs:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Since this is a group care center, does your child have experience with group care? Frequently \_\_\_ Seldom \_\_\_

**PLEASE NOTE:** Children who have fever or any communicable disease will not be accepted in the Children’s Activity programs. AFSCME/ACCENT has the right to refuse care to a child unable to adapt to group situations. AFSCME/ACCENT has the right to refuse care to any child based on space availability and appropriateness.

We have read the above and understand this release and waiver. Furthermore, in the event of an emergency, AFSCME/ACCENT has our permission to administer first aid or obtain emergency medical treatment in our child's best interest. We agree to pay all expenses incurred due to an emergency involving our child. I/We agree that a fax or photocopy of my/our signature(s) on this form shall be deemed original and shall not affect the validity of this form.

_____	_____
(Signature, Parent or Guardian)	(Signature, Parent or Guardian)
_____	_____
(Address)	(City) (State) (Zip)
_____	_____
(Home Phone)	(Alternate Phone -e.g., Cell)

*This release and waiver is mandatory for participation in children’s activity programs conducted by ACCENT on Children's Arrangements, LLC.  
4300 S Carrollton Ave., New Orleans, LA 70119*