Archdiocese of Seattle

ACTIVITY/PROGRAM RELEASE and WAIVER FORM

NAME (print): _____

PHONE: _____ **EMAIL:** _____

ACTIVITY/PROGRAM: _____

BRIEF DESCRIPTION OF ACTIVITY/PROGRAM: _____

_____

RELEASE OF WAIVER OF LIABILITY

This agreement is by and between _____ (Organization) and the individual whose name is printed above and signed below (herein referred to as participant). I am participating in the activity/program, offered by_____ (Organization); during which I will receive information and instruction. I recognize that the activity/program requires physical exertion that may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the activity/program. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the activity/program. In consideration of being permitted to participate in the activity/program, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which might incur as a result of participating in the activity/program. In further consideration being permitted to participate in activity/program, I knowingly, voluntarily and expressly waive any claim I may have against _____ (Organization) for damages, and injury, including death that I may sustain as a result of voluntary participation in the activity/program. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue _____ (Organization) for any injury or death caused by my voluntary participation in the activity/program. I am aware that during my participation in the activity/program, my likeness may be captured through photographs and/or video recording with/without sound for the purpose of preserving memories and/or for media/advertisement, including posting my likeness on the _____ (Organization) website or Facebook page. I hereby grant permission for my likeness to be used. I understand that should I choose to revoke this permission, the revocation is not effective until I have provided my revocation in writing to _____ (Organization).   I understand that revocation of permission will not include any likenesses of me that have already been used for above purposes.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. This agreement remains in effect for as long as I participate in the _____ (Organization) activity/program.

PARTICPANT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN NAME (if under 18)**:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____