

## **COCHRANE CAMERA CLUB WAIVER**

IN CONSIDERATION of being given the opportunity to participate in all Cochrane Camera Club activities, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of Cochrane Camera Club activities, and that I am qualified, in good health, and in proper physical condition to participate in such Activity.

2. FULLY UNDERSTAND that: (a.); COCHRANE CAMERA CLUB ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death ("Risks"); (b.) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of released names below; (c.); there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of the Cochrane Camera Club and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous I will refuse to take part in the Activity.

4. HEREBY RELEASE, discharge, and covenant not to sue the Cochrane Camera Club, their administrators, directors, agents, officers, volunteers and employees, other participating and recognized club organizers, any sponsors, advertisers, and where the Cochrane Camera Club has consented in writing to waive their liability, owners and lessors of premises on which the Activity takes place (the Released) from all liability, claims, demands, losses or damages on my account caused or allege to be caused in whole or in part by the negligence of the Released or otherwise; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Released, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Released, from any litigation's expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.

5. I hereby consent to and authorize the use and reproduction by Cochrane Camera Club of any and all photographs, and any other audio or visual materials taken of me for promotional material, educational activities and for any other use for the benefit of the Cochrane Camera Club.

I have read this agreement, fully understand its terms, understand that have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

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**Printed Name of Participant:**

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**Address:**

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**Phone**

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**Signature (only if age 18 or over)**

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**Date**

**Parental Consent**

I HEREBY AUTHORIZE a representative of the Cochrane Camera Club to give consent for all emergency medical aid or treatment necessary in the event that emergency medical aid or treatment is required due to illness or injury during my child's participation in Cochrane Camera Club. I have consulted my child's physician in respect of my child's participation in the activities offered by the Cochrane Camera Club and have fully informed the Cochrane Camera Club of my child's medical condition.

AND I, the minor's parent and/or legal guardian, understand the nature of photographic activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Released from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or part by the operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Released, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Released from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim

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**Printed Name of Parent/Guardian**

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**Address:**

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**Phone**

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**Parent/Guardian Signature  
(only if participant is under age 18)**

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**Date**