



ACTIVITY: _____

LOCATION: _____

DATE & TIME: _____

EVENT PHOTO/ VIDEOGRAPHER: _____

In consideration of being allowed to participate in the activity described above, I hereby release, indemnify and hold harmless Fairfax University of America (University), its owners, operators, agents, asset managers, mortgagees and employees from all suits, actions, or claims of any character, type, or description brought or made for on account of any injuries or damages received or sustained by any person or persons or property arising out of, or occasioned by, the acts of students or its agents and associates, in participation in the activity.

The University shall not be liable or responsible for, and shall be saved, indemnified and held harmless from and against any and all claims and damages of every kind, for injury due to death of any person or persons and for damage to or loss of property, arising out of or attributed, directly or indirectly, from Students use of this premises.

Knowing, understanding, and fully appreciating all possible risks, I hereby expressly, voluntarily, and willingly assume all risks and dangers associated with my participation in this activity. Some of the risks and dangers include but not limited to: Accidents incurred while traveling to and from home and the activity meeting location; overnight stay; food poisoning; theft or vandalism; pedestrian accident; tripping; falls; injuries, death etc.

I agree to use my personal medical insurance as primary medical coverage for payment, if an injury or illness occurs.

I do hereby consent and agree that the University and its employees have the absolute right and permission to take photographs, video recordings, or other digital recordings of myself and my comments for use in any promotional materials and publicity efforts. I understand that my comments, photographs, and other recordings may be used in a publication, print ad, electronic media, or other forms of promotion. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I acknowledge that University will assume ownership of all photographs, video recordings, and other digital recordings in which I appear and that University has the right to crop or treat said media in its discretion. I also acknowledge that University may choose not to use media in which I appear at this time, but may do so at its own discretion at a later date.

I waive any right to compensation arising from or related to the use of photographs, video recordings, or other digital recordings in which I appear. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

By signing this form, I acknowledge that I have completely read and fully understand the above terms and agree to be bound thereby. This waiver and release is freely and voluntarily given with understanding that right to legal recourse against University is knowingly given up in return for allowing my participation in the activity.

Participant's Name (Print) Participant's Signature Date

Parent's Name (if under 18) (Print) Parent's Signature (if under 18) Date

Witness's Name (PRINT) Witness's signature Date