



Volunteer Group or Organization

SPECIAL EVENT WAIVER and PHOTO RELEASE FORM

Date: Name: Street Address: Home Phone: Work Phone: Cell Phone: E-mail: Date of Birth: Have you ever been convicted of a felony? YES NO If yes, what was the offense?

Person to Notify in Case of Emergency

Name: Street Address: Home Phone: Work Phone: Cell Phone: E-mail: Relationship to You:

I agree to release and hold harmless Loudoun Education Foundation (LEF) from any and all claims or demands for injuries to me or my property while volunteering. If under the age of 18, a parent signature is necessary.

X Signature of Volunteer Signature of Parent Parent Name (Printed)

Photo Release

I hereby grant Loudoun Education Foundation (LEF) permission to use my likeness in a photograph in any and all its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become property of Loudoun Education Foundation and will not be returned.

I hereby irrevocably authorize LEF to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the organization's programs or any other lawful purpose. In addition, I waive the right to inspect or approve the finished project, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge LEF from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on the behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

X Signature Date Name (Printed)

If the person signing is under the age of 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of, named above, and so hereby give my consent without reservation to the foregoing on behalf of this person.

Signature of Parent Date