



2021 Name _____

Release, Waiver and Assumption of Risk (Must be signed before participating in any Activity)

In consideration of participation in any Activity offered by the Saline Area Senior Center (SASC) or its partners, I, the undersigned for myself and my heirs and assigns, agree to indemnify and hold SASC harmless and hereby waive, release and discharge any and all claims for damage, personal injury (including death), illness, economic loss, bodily injury or property damage which I may have or which hereinafter may occur to me against the SASC, its Board Members, employees, agents, volunteers, independent contractors, and instructors arising out of or connected in any way with my participation in this Activity, or travel to and from the Activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me (or my/ our heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my/our heirs and assigns.

If I need medical treatment as a result of my participation in this Activity, travel to and from the Activity (including air travel), or any events incidental to this Activity, I agree to be financially responsible for any costs incurred as a result of such treatment.

I have read this document, and I am signing it freely. I understand the legal consequences of signing this document.

Signature _____ Date _____

Printed Name _____

Photo/Video Authorization

I hereby give my consent for Saline Area Senior Center to use photos/video coverage of myself in a SASC sponsored Activity in future marketing materials. I acknowledge those pictured will only be named with their consent, or parent/guardian consent if younger than 18 years of age. I acknowledge event attendees must contact the photographer at the event if they wish themselves/their children to not be photographed.

Signature _____ Date _____

Printed Name _____