



LIABILITY RELEASE

Participant Name:

Date Completed:

Name of Person Completing Form:

Relationship to Applicant:

I, the undersigned, hereby acknowledge that the client's participation in Together Just, INC activities is voluntary. In consideration for being allowed to participate in Together Just, INC activities, the undersigned agrees to the following:

I, hereby release and discharge Together Just, INC; their insurance carriers; their legal representatives; their present and former managers, directors, officers, employees, agents, volunteers, contractors, affiliates and successors ("Releasees") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential sustained while participating in, attending, preparing for or traveling to or from and Together Just, INC program and activity.

I understand that Together Just, INC is providing recreational services as part of the Together Just, INC activities and programs and may not be held liable for defective products.

I understand and acknowledge that participation in any activity comes with potential risk of injury, death, damage, loss, accident, delay or expense.

In consideration of the client's participation in the activities or program offered by Together Just, INC, I understand and expressly and voluntarily assume all risk and agree that Together Just, INC, its officers, employees, agents, volunteers, contractors, affiliates and successors ("Releasees") will not be liable for any injury including, without limitation, personal bodily or mental injury, economic loss or damage to your minor child resulting from the negligence of Together Just, INC or anyone on Together Just, INC's behalf or anyone else whether related to participation in the Together Just, INC activities and programs or not.

I understand that at times Together Just, INC provides training opportunities to non-Together Just, INC personnel and accepts volunteers and interns to work with our clients. All persons working and volunteering with Together Just, INC clients are required to sign confidentiality agreements concerning any information they may have about clients as a result of their training and activities at Together Just, INC.

I understand that if I choose not to sign this release, my child will not be allowed to participate in the activities or programs offered by Together Just, INC.

I understand that I have the right to revoke this release at any time. I understand I must do so in writing and present my written revocation to the Executive Director of Together Just, INC. Unless otherwise revoked, this release will automatically expire 2 years from today's date.

Photography Release: In consideration of my/my children's participation at Together Just, INC, and without any further consideration from Together Just, INC, I hereby grant permission to Together Just, INC, staff and affiliates to utilize my appearance, performance or voice in any and all manner and media throughout the world for the purpose of promotion, reporting or publication. Together Just, INC may use my/my children's name, likeness, voice and biographical material in connection with publication, promotion, exhibition and distribution of such material. I understand that no royalty, fee or any other compensation of any kind shall become payable to me by reason of such release and use of any photograph.

I consent to my child being photographed or videoed during this program; and I understand that these photos can be used for publication to promote the Together Just, INC's events, classes, activities and programs.

I do not consent to my child being photographed or videoed during these programs

By signing below, you agree to the terms of this release of liability and assumption of risk on behalf of yourself and your child. You also represent that you are the parent, legal guardian of the program participant for which this release is being prepared.

Participant/Parent-Guardian Signature: _____ Date: _____