

# Plan It Network, Inc. Waiver and Photo Release

As a member of **Plan It Network**, it is necessary that you and /or guardian fill out the following information and return this form to one of the **Plan It Network** volunteers prior to the next monthly meeting/event. In order for you to participate in the program it is pertinent that this form is reviewed and signed. Please note that you and/or guardian need to ensure that the form is returned prior to attending the next meeting/event. Thank you for your cooperation.

**NAME:**

**ADDRESS:**

**TELEPHONE/CELL NUMBER:**

**EMERGENCY CONTACT:**

**TELEPHONE/CELL NUMBER:**

## CONSENT AND RELEASE FORM

I, the undersigned (individual and/or guardian) do hereby consent to my participation in voluntary **Plan It Network** programs. I also agree to forever release the Town of Falmouth, the Falmouth Recreation Department, and all their employees, agents, board members, volunteers, and any and all individuals, organizations and vendors assisting or participating in **Plan It Network** voluntary activity programs from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future directly or indirectly from personal injury to me or property damage during my participation in the **Plan It Network** voluntary programs. I agree that pictures and videos may be used for future promotional purposes.

I also promise to indemnify, defend and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past or may be asserted in the future directly or indirectly arising from personal injuries to me or property damage resulting from my participation in the **Plan It Network** voluntary program.

I further affirm that I have read this consent and release form and that I understand the contents of this form. I understand that my participation in the **Plan It Network** program is voluntary and that I am free to choose not to participate in said program. By signing this form I affirm that I have decided to participate in the **Plan It Network** program with full knowledge that the Releasees will not be liable to anyone for personal injuries I may suffer and property damage which may result from my voluntary involvement.

Sign: \_\_\_\_\_

Date \_\_\_\_\_ Individual/guardian signature