***Liability Waiver & Photo Release***

*Postmark LaFollette 2024 Cooking Camp*

*Photo Release I hereby grant Postmark LaFollette, Inc. permission to use my likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of Postmark LaFollette, Inc. I hereby authorize Postmark LaFollette, Inc. to edit, alter, copy, exhibit, publish, or distribute these photos for any purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to compensation arising or related to the use of the photo.*

*IN CONSIDERATION OF the covenants and agreements contained in this Agreement and the receipt of which is hereby acknowledged, the parties to this Agreement agree as follows:*

*Consideration 1. Being of lawful age and in consideration of being permitted to participate in the activity described below, the Participant releases and forever discharges the Activity Provider, the Activity Provider's spouse, heirs, executors, administrators, legal representatives and assigns from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims and demands for or by reason of any injury to person or property, including injury resulting in the death of the Participant, which has been or may be sustained as a consequence of the Participant's participation in the activity described below, and not withstanding that such damage, loss or injury mayhavebeencausedsolelyorpartlybythenegligenceoftheActivityProvider.*

 *I HAVE READ AND UNDERSTAND THE ABOVE WAIVER AND PHOTO RELEASE. I AGREE TO WEARING A MASK AND FOLLOWING CDC GUIDELINES. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW.*

 *Print Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*If under 18, parent/guardian must sign here: Parent/Guardian*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_*