

**COCHRANE CAMERA CLUB WAIVER**  
**2022-2023 Season**

IN CONSIDERATION of being given the opportunity to participate in all Cochrane Camera Club activities, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of Cochrane Camera Club activities, and that I am qualified, in good health, and in proper physical condition to participate in such Activity.
2. FULLY UNDERSTAND that: (a.); COCHRANE CAMERA CLUB ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death ("Risks"); (b.) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of released names below; (c.); there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.
3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of the Cochrane Camera Club and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous I will refuse to take part in the Activity.
4. HEREBY RELEASE, discharge, and covenant not to sue the Cochrane Camera Club, their administrators, directors, agents, officers, volunteers and employees, other participating and recognized club organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activity takes place, (each considered one of the Released herein) from all liability, claims, demands, losses or damages on my account caused or allege to be caused in whole or in part by the negligence of the Released or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Released, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Released, from any litigation's expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.
5. I hereby consent to and authorize the use and reproduction by Cochrane Camera Club of any and all photographs, and any other audio or visual materials taken of me for promotional material, educational activities and for any other use for the benefit of the Cochrane Camera Club.

**I have read this agreement, fully understand its terms, understand that have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.**

**This waiver covers the period September 1, 2022 to August 31, 2023**

**Printed Name of Participant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**X**  
\_\_\_\_\_  
**Signature (only if age 18 or over)**

\_\_\_\_\_  
**Date**

**Witnessed by:** \_\_\_\_\_

\_\_\_\_\_