



HOLD HARMLESS AGREEMENT

Leadership Geauga County

RELEASE

WHEREAS, I, _____ (print name) have applied for admission to the Leadership Geauga County Youth Program, and I have been permitted voluntarily to participate in the activities associated therewith, including, but not limited to, the monthly sessions.

I understand that I may be involved in various activities, including, but not limited to, physically active programs, tours of various facilities and organizations, and transportation to and from these activities. I am completely aware that each of these activities may create a risk. I am participating in the aforesaid activities solely on my own initiative, risk and responsibility and must determine for myself whether I want to participate in a particular activity.

NOW THEREFORE, in consideration of the permissions extended to me to participate in the aforesaid activities, I do hereby for myself, my heirs, assigns, executors, and administrators, voluntarily release, waive and forever discharge Leadership Geauga County, their trustees, employees, agents and contractors, and those providing programs for Leadership Geauga County, from any and all liability, claims or causes of action, personal injury, property damage whether due to an accident or negligence which result from or arise out of my participation in the aforesaid activities and the Leadership Geauga County program.

In addition, I hereby grant Leadership Geauga County the irrevocable right and permission, throughout the world, in connection with the photographs he has taken of me, or in which I may be included with others, the following: (a) the right to use and reuse, in any manner at all, said photographs, in whole or in part, either by themselves or in conjunction with other photographs, in any medium or form of distribution, and for any purposes whatsoever, including, without limitation, all promotional and advertising uses, and other trade purposes, as well as using my name in connection therewith, if he so desires; and (b) the right to copyright said photographs in his own name or in any other name that he may select. I waive the right to inspect or approve any use thereof.

I hereby forever release and discharge Leadership Geauga County from any and all claims, actions and demands arising out of or in connection with the use of said photographs, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefit of the assigns, licensees and legal representatives of Leadership Geauga County, as well as the party(ies) for whom it took said photographs.

Student Signature

Parent Signature

Printed Name

Printed Name

Date

Date