## **Grove City Chamber Foundation Photo Release/Waiver Form**

Participant Name		
Address:		
City, State and Zip		
Telephone number:	Email:	
The undersigned	, on this day of	20
in exchange for my participation in marketing activities for the <b>Grove City Chamber Foundation</b> , and other good and valuable consideration, does hereby forever release, waive, discharge, relinquish, and agree to hold harmless the <b>Grove City Chamber Foundation</b> and its respective officers, officials, employees, volunteers, and agents of any and all liabilities, claims, damages, losses, expenses, demands, actions, causes of action or judgments, including attorney's fees, which may now exist or hereinafter accrue on account of , or relating to, any incident or occurrence regarding the undersigned's participation in marketing activities for the <b>Grove City Chamber Foundation</b> .  The undersigned does hereby grant the Grove City Chamber Foundation blanket permission to use my image and/or likeness in marketing materials for the Grove City Chamber Foundation.  This release and waiver of liability shall be binding on the undersigned's heirs, executors, successors and assigns. This release is intended to be interpreted as broadly as Ohio law permits.  BY SIGNING THIS I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I AM GIVING UP LEGAL RIGHTS. THE UNDERSIGNED HAS CAREFULLY READ AND VOLUNTARILY SIGNS THIS RELEASE AND FULLY UNDERSTANDS ITS CONTENTS/MEANING AND AGREES TO BE BOUND BY IT.		
Printed Name * This will serve as your official sign	nature	
Parent/Guardian (if und	der 18)	
Date:		