



Hasselbring Senior Center

**General Photography Waiver Form**

I hereby authorize the rights to publish any photographs that are taken of me for use in all Hasselbring Senior Center's publications that may involve printed materials, online media, and/or video-based marketing materials.

I understand that marketing includes any program or service which promotes the Hasselbring Senior Center. I hereby release and hold harmless the Hasselbring Senior Center from any reasonable expectation of privacy or confidentially associated with the images specified above.

I further acknowledge that my participation is voluntary, and that I will not receive or expect any financial compensation for publishing these photographs which will be used to market the Hasselbring Senior Center, or a specific program, service or activity provided by or associated with the senior center.

I acknowledge that I am not entitled to personally benefit from any publication of said photos and Hasselbring Senior Center does not convey rights of ownership for any future royalties. I hereby hold the Hasselbring Senior Center Board of Directors, its contractors, its employees, or any third party involved in the creation and/or marketing of publications harmless from all legal claims filed by me or an interested party.

**Authorization:** check one                     Agree                     Disagree (see note below)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Any participant refusing to sign waiver is responsible for removing themselves from photo-taking occurrences.**

**Waiver and Release of All Claims**

I understand and acknowledge that when registering and participating in any event at the Hasselbring Senior Center, I am releasing the center from any responsibility for claims regarding injuries that may occur as a result of my participation.

**(Acknowledgement of risk of injury clause)**

As a participant in any event, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of all injuries, and damages, or loss which I may sustain as a result of participating in any activities connected with or associated with the center.

I do hereby fully release and discharge the Hasselbring Senior Center, the Board of Directors, Board Officers, all boards and committees, the Executive Director, Director, and other employees from all claims resulting from injuries, damages or loses which may adversely affect me in any way.

If I am participating in any physical activity or exercise program, I agree to have a release from my physician before I begin participating.

**(Waiver of claim for injury claims)**

I agree to waive and relinquish all claims I or my employ(s) or volunteers may have as a result of participating in any event at the Hasselbring Senior Center. I have read and fully understand the above Waiver and Release of all claims.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

THIS PROGRAM AND/OR SERVICE IS FULLY OR PARTIALLY FUNDED BY GENESEE COUNTY SENIOR MILLAGE FUNDS. YOUR TAX DOLLARS ARE AT WORK!