



Generous Hearts and Caring Hands to Those in Need

Hold Harmless, Indemnity and Image Release Agreement

Activity/Event Information

Description of Event/Activity: _____

Date(s) and location of event/activity: _____

Participant Information

Name of participant: _____ Age (if applicable): _____

Name of participant's parent or guardian (if a minor) or authorized agent (if an organization or entity):

Address: _____ E-mail: _____

Telephone (daytime): _____ Telephone (evening): _____ Cell: _____

I agree to protect, indemnify, save, and keep harmless CCHASM (Chesterfield-Colonial Heights Alliance for Social Ministry), its agents, members, directors, officers and employees against and from any and all liability, loss, cost, damage, or expense arising out of or from an accident or other occurrence arising from or in regard to the activity or event location indicated above, causing injury to me or caused by me or my organization or company to any person or property, or to my/our guests or invitees and I will protect, indemnify and save and keep harmless the above mentioned parties from any and all claims, cost or expense arising out of my/our participation in the event or activity specified above. I acknowledge that I have fully and carefully evaluated the potential of such injuries to person or property prior to my execution of this agreement and have signed willing and knowingly. Execution of this agreement may waive any right I/we may have to recover damages from the named parties for any injury or accident that may occur during the period of my participation in the event or activity listed above. **You may wish to obtain from an insurance company, at your own expense, appropriate coverage for the period and premises involved in the event that insurance coverage you currently have does not provide you with suitable protection. CCHASM at its option may require such coverage with a certificate naming it as co-insured.**

In addition, I also irrevocably grant to CCHASM and CCHASM's assigns, licensees and successors, the right to copy, reproduce and use my image, my name, and/or any statements I make in writing and/or in an audio or video recording, in all forms and media including, but not limited to, any advertising, trade, and/or commercial purpose throughout the world and in perpetuity. I waive the right to inspect or approve versions of my image used for publication or the written copy that may be used in connection with the images, recordings and/or videos. I hereby acknowledge that I shall receive no compensation whatsoever for the use of my image, name, and/or statement(s) as provided for herein. I further hereby release CCHASM, its agents, members, directors, officers and employees and CCHASM's assigns, licensees and successors from any claims that may arise regarding the use of my image, my name, and/or any statements I make in writing and/or in an audio or video recording, including, but not limited to, any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. CCHASM is permitted, although not obligated, to include my name as a credit in connection with my image, name, and/or statement(s).

Signature of parent/guardian

Date

Signature of Participant/Authorized Agent

Date