

**CAMERA CLUB OF HENDERSONVILLE, NC
RELEASE OF LIABILITY
FOR PARTICIPANTS IN CLUB ACTIVITIES**

PLEASE READ THIS AGREEMENT CAREFULLY. IT IS A LEGAL AGREEMENT AND AFFECTS ANY RIGHTS YOU MAY HAVE IF YOU ARE INJURED OR OTHERWISE SUFFER DAMAGES WHILE PARTICIPATING IN THIS ACTIVITY OF THE CAMERA CLUB OF HENDERSONVILLE, NC (the "Club").

ACTIVITY: _____ Date: _____

By registering and participating in this Activity, you waive any liability of the Club, its Officers, Directors, Trip Leaders and other agents and volunteers (collectively the "Released Parties") for injuries or other damages you might sustain arising out of your participation in the Activity.

Assumption of Risks: I understand that participation in the Activity is voluntary and I am aware that the Activity may involve travel in motor vehicles or otherwise, activities that may involve dangerous terrain, and other dangers. I have elected to participate in this Activity. I assume the risk of injury or harm related to my participation in the Activity/ I release the Released Parties from all liability for injury, illness, death, or property damage resulting from the Activities. By signing below, I agree that I am aware of, have discussed, and accept the risks associated with the Activity.

Release and Waiver of Liability: In return for the Club permitting the Participant to participate in this Activity, I release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims, and demands of whatever kind or nature, which arise or may hereafter arise from the Participant's participation in Activities with any of the Released Parties. The Participant understands that this Release discharges the Released Parties from any liability or claim that the Participant may have against the Released Parties with respect of any bodily injury, personal injury, illness, death, or property damage that may result from the Participant's participation in the Activity whether caused by the negligence of the Released Parties or otherwise. The Participant also understands that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury, illness, death, or property damage. I execute this release on behalf of and with the specific intent to legally bind myself, my heirs, assigns, personal representative(s) and estate.

I further understand that photographs or videos taken of participants, may be used in the Club's publications, web sites and/or social media channels (e.g. Facebook).

Medical Treatment: I hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Participant's participation in Activities.

Insurance: I understand that the Released Parties are under no obligation to provide, carry, or maintain health, medical, travel, disability, or other insurance coverage for any

Participant. Each Participant is expected and encouraged to obtain his or her own health, medical, travel, disability, or other insurance coverage.

Interpretation of this Release: I agree that the Release is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina, and that this Release shall be governed by and interpreted in accordance with those laws. The Participant agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court or competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

By signing this Release and Waiver, I acknowledge that I have informed myself fully of the contents of this Release and Waiver of Liability and hold harmless agreement by reading it before I sign it, and that I have reviewed it and understand what it means and that I sign this document freely. I further state that there are no health-related reasons or problems which preclude or restrict my participation in the Activities.

Leader's Name	Signature	Date
_____	_____	_____
Participant's Name		
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