



Participant Name: _____

RELEASE OF LIABILITY

AND

**AUTHORIZATION TO USE AND DISCLOSE
PHOTOGRAPHS AND RECORDINGS AND RELATED
PERSONAL INFORMATION OF PARTICIPANT**

I, the undersigned, give full permission for _____ (Name of Participant) to be observed and have photographic images taken of him/her while participating in activities of the **Hospital for Special Care Ivan Lendl Adaptive Sports Camp** (the “Camp”) held on the campus of Berlin High School, Berlin, Connecticut.

I understand that photographic images may include still photographs, digital images, video filming or audio recordings, and other similar formats.

I further give permission to use and disclose my name and my child’s/ward’s name, as indicated: _____ full name, _____ first name only, and/or _____ initials only (hereinafter “name”).

I further give permission to use or disclose to authorized third parties, including members of the public, such photographic image(s) and name for the following purposes:

- | | |
|--|--|
| <input type="checkbox"/> fundraising materials | <input type="checkbox"/> written publication(s)
(for example, the entity’s Annual Report) |
| <input type="checkbox"/> television or radio coverage | <input type="checkbox"/> advertising/marketing materials |
| <input type="checkbox"/> use on the entity’s website | <input type="checkbox"/> public relations/media requests |
| <input type="checkbox"/> publication of research/education materials | <input type="checkbox"/> social media page (for example, Facebook) |
| <input type="checkbox"/> other: _____ | |

Provide further details of intended use, if any: _____

If the purpose of this Authorization involves taking of photographic images for journalistic and/or media purposes (including print, television or electronic media), I further authorize representatives of the news media involved to observe the activities being conducted, and to discuss them with the Camp

staff. I realize that the result of this observation may be publication or broadcast of facts concerning my child's/ward's medical condition.

I expressly waive any right to control copying, reproduction, or distribution of any photographic images taken in accordance with this authorization, and I expressly waive any right to any compensation whatsoever for any use of such photographic images.

I understand that this authorization is only for the specific, stated purposes. I understand that this authorization is valid and enforceable for a period of five (5) years from the date it is signed, but it may be revoked by me at any time upon written request to the Camp, except to the extent that action has been taken in reliance on this authorization.

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury while participating in activities at the Camp, I authorize representatives of Hospital for Special Care Ivan Lendl Adaptive Sports Camp to secure and retain medical treatment and transportation if needed.

I certify that I am over eighteen (18) years of age and have the legal right and authority to sign this form on my behalf or that of the Participant/child/ward named herein. I understand the meaning of this form, and I hereby release Hospital for Special Care Ivan Lendl Adaptive Sports Camp and its parent organization and affiliates (including Hospital for Special Care and Hospital for Special Care Foundation, Inc.), and their respective agents, servants, employees, physicians, officers, directors, and consultants from any claim or liability whatsoever in connection with the taking or use of photographic images and related observation, and any accompanying disclosures, publication, or broadcast of photographic images and/or the Participant's name or related health information or related material.

I further release and forever discharge and agree to indemnify and hold harmless Hospital for Special Care Ivan Lendl Adaptive Sports Camp and its parent organization and affiliates (including Hospital for Special Care and Hospital for Special Care Foundation, Inc.), and their respective agents, servants, employees, physicians, officers, directors, and consultants from any claims and demands of any and every kind and character for any injury to myself, my child's/ward's person or damage to property as a result of participation in activities of the Camp.

Signature of Participant (or Parent/Guardian or Personal Representative) Date

Relationship to the Participant, if applicable: _____

Witness: (If Participant is physically unable to sign) Date

Form Rev. 11/2010