



TSHA and The Center for Individuals with Physical Challenges
Deaf Teens Club

Name of Participant(s): _____

Name of Parent/Guardian: _____

Address: _____
Street City State Zip

Phone: _____ Alt. Phone: _____ Email Address: _____

Liability Release & Agreement

I hereby release and forever discharge TSHA and The Center for Individuals with Physical Challenges (*The Center*), its program agents or representatives, or any other profit or non-profit entity connected with this program from any and all claims that may accrue to me, my heirs, administrators, or executors arising out of my participation in the TSHA Deaf Teens Club.

As a non-member participant at *The Center*, I agree for myself, my heirs, my assigns, my spouse, and personal representatives to hold harmless *The Center* staff, volunteers, Board of Directors and its officers for any and all Center activities, equipment or Center-used premises and assume any all risk inherent in any activity actually existing on or about the premises used by *The Center*. *The Center* staff, volunteers, Board of Directors and its officers assume no liability for any accident or injury whether personal or otherwise arising from operation of *The Center* or conduct of, for or at *The Center*.

Further, I confirm that I have informed *The Center* staff, in advance of my participation, of any past or current medical conditions of which they should/need to be aware in reference to my involvement. I acknowledge *The Center* strongly recommends consultation with a physician before beginning an exercise program.

I agree to be governed by TSHA's and *The Center's* rules and regulations, including the above Liability Release & Agreement. I have read this agreement and waiver and am fully familiar with its contents. I hereby release TSHA and *The Center* from any and all liability resulting from my use of the facility and assume all risks in connection therewith, including those known and unknown.

I hereby grant permission for staff/volunteers who have a valid & current driver's license and valid & current vehicle insurance to transport my child/children. Yes No

I hereby grant TSHA and *The Center* permission to use my child's name, photo, video, voice and/or likeness in any public relations, marketing or fundraising materials, including social media. Yes No

Are you 18 years or older? Yes No If no, a parent or legal guardian signature is required.

Printed Name: _____

Signature: _____ Date: _____

Relationship to Participant: _____