



Liability Release

The undersigned, in consideration of the “participant” involved in programming and/or events at Extraordinary Ventures, agrees to indemnify and hold Extraordinary Ventures, Inc. and all volunteers of the organization, harmless and does release the above said from any and all liability for injuries which may be suffered by the participant, arising out of or in any way connected with participation in EV activities except those arising out of the sole willful act or sole negligent act of Extraordinary Ventures, Inc. or any volunteers of Extraordinary Ventures.

Extraordinary Ventures, Inc. cannot provide direct care for the participant. If the participant requires personal support, the participant must be accompanied by a care provider/staff support or legal guardian at all times in order to attend EV programs and/or events.

I HAVE READ THE ABOVE AGREEMENT, AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURY RECEIVED. I GIVE PERMISSION TO EXTRAORDINARY VENTURES, INC. TO PROVIDE ANY NECESSARY MEDICAL CARE REQUIRED BY THE PARTICIPANT IN CASE OF AN EMERGENCY/ACCIDENT. I AGREE TO ASSUME FULL RESPONSIBILITY FOR THE COSTS OF TREATMENT PROVIDED.

Participant's Signature* _____ Date: (M/D/Y) ___/___/___

**(If the participant does not act as their own legal guardian, this form must be signed by a legal guardian)*

Signature of Legal Guardian _____ Date: (M/D/Y) ___/___/___

Video/Photo Release

I hereby authorize Extraordinary Ventures, Inc. to take, use, reproduce, and/or publish photographs and/or video of the participant, including their image, likeness and/or voice without compensation. I understand that this material may be used in various publications and public service advertising or for other related endeavors. This material may also appear on the Extraordinary Ventures, Inc. website. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

Participant's Signature* _____ Date: (M/D/Y) ___/___/___

**(If the participant does not act as their own legal guardian, this form must be signed by a legal guardian)*

Signature of Legal Guardian _____ Date: (M/D/Y) ___/___/___