



# CONNECTING PEOPLE TO AGRICULTURE

## PARTICIPANT WAIVER , RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

\_\_\_\_\_ Program/Activity Date

\_\_\_\_\_ Program/Activity Name

I, the undersigned \_\_\_\_\_ (herein Participant), hereby understand that participation in the Colorado Agricultural Leadership Foundation's (CALF) program is a voluntary activity and that, but for my execution of this Consent, Release and Indemnification Agreement, I would not be allowed to participate.

I understand and agree that CALF, the Lowell Family Foundation, its servants, agents, officers, board members, employees, volunteer workers, and all others involved in CALF programs do not assume any liability for loss or damage to any personal property owned by Participant, by us, or any other party and we waive any claim against and release CALF and the Lowell Family Foundation, its affiliates, agents, servants, volunteers and employees from or for any such loss or damage.

I also waive and release, to the full extent permitted by law, any claim against CALF and the Lowell Family Foundation its servants, agents, officers, board members, employees, volunteer workers, and all others involved in CALF Programs from any claim, cause of action or demand I may have arising out of, or in connection with, any personal or bodily injury, death or property damage which I may sustain while participating in CKA Programs and agree to indemnify, save and hold CALF and the Lowell Family Foundation, and those individuals identified above harmless from any claim, demand or cause of action of whatever nature or kind asserted by or on behalf of me for any personal or bodily injury, death or property damage sustained by me while participating in any and all CALF activities.

All agreements herein are severable, and should any provision be found unenforceable for any reason, all remaining provisions shall remain in full force and effect.

By the signatures hereon, I affirm that I have read and fully understand the terms, conditions, releases and waivers set forth. Dated \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_ (Print Name) \_\_\_\_\_(Date)

\_\_\_\_\_ (Signature)

If Participant is under the age of eighteen this agreement must be signed by a Parent or Guardian.

\_\_\_\_\_ (Parent/Guardian Print Name) \_\_\_\_\_(Date)

\_\_\_\_\_ (Parent/Guardian Signature)

### PHOTOGRAPH/MEDIA RELEASE FORM

CALF requests your permission to feature you in the following ways and without compensation. I **AGREE** to allow CALF and program affiliates (such as Where Food Comes From) to take and use photos, video tape, and/or quotes in CALF or affiliate publications, website and local media publications.

\_\_\_\_\_ Yes \_\_\_\_\_ No