

Adult **release** form for Team Tucson

I, _____,
(print your name) First and Last

hereby affirm and agree that I am legally competent to

Sign this agreement and release; that I have fully informed myself of this agreement by reading it before signing; I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN TEAM TUCSON/OR ITS AFFILIATED ORGANIZATIONS AND MYSELF AND HAVE SIGNED IT OF MY OWN FREE WILL, AND I UNDERSTAND THAT IT WILL REMAIN IN EFFECT UNTIL CANCELED BY WRITING, and that prior to signing this agreement, I have fully informed myself of the details and risks of Team Tucson (TT) and associated activities, such as volunteer day, conferences, youth events, camps, water sports with swimming, all mentoring programs, hip hop classes, fundraising, evangelize, ministry to the poor, Fri Night @the Movies, plant nursery volunteering and gifting plants, etc. I understand, agree and give permission with what has been stated above in regards to the activities associated with Team Tucson. _____(initial)

Team Tucson, its agents, officers, directors, employees (collectively referred to as Team Tucson) and all volunteers from all liability for my injury, death, or damage to or loss of personal property, resulting directly or indirectly from my participation in TT or associated activities.

I personally assume all risks and liabilities on behalf of myself in connection with participation in TT and associated activities and agree to indemnify Team Tucson from any liability assessed against Team Tucson as a direct or indirect result of my participation in TT or associated activities. This release includes all risks and liabilities connected with TT and its associated activities as a result of the negligence of Team Tucson, its agents, servants, volunteers or employees'. _____(initial)

I also grant permission to Team Tucson the right to use my picture, voice and/or testimony, in any form for the purpose of recruiting, public relations, promotional, or advertising materials associated with Team Tucson without any compensation now or in the future. _____(initial)

_____/____/____
Signature of Consent date

Address _____ City _____ Zip _____

Any Known Allergies _____