ACKNOWLEDGMENT OF RISK & RELEASE FROM LIABILITY & PHOTO PERMISSION

Event Name:_____ Event Date:_____

By signing this acknowledgement of risk, I assume any risk, take full responsibility and waive any claims of personal injury, death or damage to personal property associated with Blue Ridge Discovery Center, Inc. (BRDC) activities. I understand and confirm that by signing this ACKNOWLEDGEMENT OF RISK AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional ACKNOWLEDGEMENT OF RISK AND RELEASE of all liability to the full extent allowable by Virginia state law. I am 18 years of age or older and mentally competent to enter into this waiver.

I hereby assign and grant BRDC and their authorized representatives, the right and permission to use and publish the photographic/video/electronic representations and/or sound recordings made of me, my child and my family at all activities, and I hereby release BRDC, the activity coordinator, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographic/video/electronic representations and/or sound recordings without limitation at the discretion of BRDC, and I specifically waive any right to any compensation I may have for any of the foregoing.

Participant's Printed Name	**Parent or Guardian's Name** (if participant is under 18 years old)	**Signature** (Parent's or Guardian's Signature if participant is under 18)	**Email**	**Emergency Contact #**