

EVENT WAIVER AND RELEASE OF LIABILITY

Mid-Hudson ACS – SCC/YCC Event at Dia Museum - Sunday, October 27, 2024

The undersigned assumes all risk of participating in all the activities associated with this event, including but not limited to any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Event Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE the Mid-Hudson ACS, its directors, officers, employees, volunteers, representatives, and agents, as well as the event’s holders, sponsors and their volunteers, from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity.
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Mid-Hudson ACS and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant’s Signature (Please print legibly.)	Date	Participant’s Name	Age
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Parent/Guardian Signature (If under 18 years old, Parent or Guardian must also sign.)	Date
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PHOTO RELEASE & CONSENT FORM

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I give my permission for myself and my child(ren), to be photographed and/or videotaped by the media and representatives of the American Chemical Society Mid-Hudson Local Section in conjunction with Football Game & Tailgate activities, a program of the Mid-Hudson Section of the American Chemical Society.

I hereby transfer to the American Chemical Society all copyright and other interests in the photographs and/or videotape taken. I also hereby grant royalty-free permission, including nonexclusive world rights in all languages, to reproduce in all formats including but not limited to print, electronic, and/or CD-ROM, to reproduce and include me and my child(ren)'s likeness for promotional purposes of recruiting new ACS members and activities.

Print Parent(s) Name(s): _____

Print Minor(s) Name(s): _____

Parent Signature(s): _____

Home Address: _____

Phone Number: _____

Date: _____

Thank you!

Please return this form to: ACS Mid-Hudson Local Section SCC Coordinator **Glenn Roy @ glenn.m.roy@gmail.com**