

**Release of Liability Claims and/or Photo Release for  
The WareHouse of Venice, Inc. and Venice D-Fy (Drug-Free youth)**  
(This form must be filled out completely)

In consideration for being accepted by the WareHouse of Venice, Inc. and/or Venice D-Fy, to **participate/volunteer/attend**, \_\_\_\_\_ (person attending or volunteering) would like to participate from \_\_\_\_\_ to \_\_\_\_\_, we/I being 18 years of age or older, do for ourselves/myself (and for and on my behalf of my child/participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless the WareHouse of Venice, Inc. and any representative of the WareHouse thereof from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said participant is participating in activities / events. Furthermore, we/I (and on behalf of our/my child or participant if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participating. The undersigned further agree to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as the result of the negligent, willful, or intentional acts of said participant including expenses incurred.

**(If the participant has not attained the age of 18 years)**

We/I are the parent(s) or legal guardian(s) of these participant(s), and hereby grant our permission for them to participate fully, and hereby give our permission to take said participant(s) to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatments to a doctor or hospital and assume the responsibility of all medical bills, if any.

**Print Name Of Participant(s)** \_\_\_\_\_

Age(s) \_\_\_\_\_ Birth Date(s) \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

Emergency Contact(s) & Phone Number(s)  
\_\_\_\_\_

(if 18 years or older) Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list any allergies or special medical conditions / problems participant(s) may have:

**Permission for Photograph Use**

I also grant, signified by my initials, to the WareHouse of Venice, Inc., permission concerning any photographs that he/she has taken or may take of me, or my child, or in which I/they may be included with others, to use, reuse, publish, and republish the photographs in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet and social media, and to use my/their name in such photos.

Initials \_\_\_\_\_