



Suffolk-Nansemond Chapter
Izaak Walton League of America

VOLUNTEER CONSENT, WAIVER, PHOTO RELEASE

PARTICIPANT INFORMATION

NAME _____

ADDRESS _____

TELEPHONE _____

**EMERGENCY
CONTACT AND
PHONE** _____

WAIVER AND RELEASE

In consideration of being permitted to participate in any way as a volunteer of the Suffolk-Nansemond Chapter of the Izaak Walton League of America, I myself, my heirs, personal representatives or assigns, do hereby release, waive, and forever discharge the Suffolk-Nansemond Chapter of the Izaak Walton League of America, its board members, officers, and agents for liability from any claims, demands, rights and causes of action of whatever kind resulting in, but not limited to, bodily injury, personal injury, accident or illness (including death), and property damage sustained by me, my agents, employees, or family members arising from participation as a volunteer for the Suffolk-Nansemond Chapter of the Izaak Walton League of America.

INDEMNIFICATION

I shall indemnify and hold harmless the Suffolk-Nansemond Chapter of the Izaak Walton League of America, its board members, officers, and agents from any and all claims, losses, damages, fines, penalties, suits and costs imposed by any authority which arise out of any violation of law, and all acts and omissions caused by me or my representatives while participating as a volunteer for Suffolk-Nansemond Chapter of the Izaak Walton League of America.

PHOTO RELEASE

In order to promote the Suffolk-Nansemond Chapter of the Izaak Walton League of America, the Suffolk-Nansemond Chapter of the Izaak Walton League of America sometimes uses participants' names and/or photographs in connection with media resources, but not as an endorsement. By signing this form you grant the Suffolk-Nansemond Chapter of the Izaak Walton League of America permission to use your name and/or photograph.

ADULT PARTICIPANT OR PARENT/GUARDIAN SIGNATURE BELOW, I HAVE READ AND ACCEPT THE TERMS.

SIGNATURE _____