Sacramento Valley CNPS GROUP Waiver Date: _____

BY SIGNING THIS SHEET, I HAVE READ THE CNPS RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASUMMPTION OF RISK, INDEMNITY, AUTHORIZATION AND PHOTO RELEASE AGREEMENT CAREFULLY AND FULLY UNDERSTAND ITS CONTENTS. **IT IS MY INTENTION BY THIS AGREEMENT TO EXEMPT AND RELIEVE CNPS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR OTHERWISE TO THE FULLEST EXTENT PERMITTED BY LAW.** I AM SIGNING THIS AGREEMENT VOLUNTARILY AND OF MY OWN FREE WILL. I REPRESENT, WARRANT, AND AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE AND THAT I HAVE FULL AUTHORITY TO ENTER INTO THIS AGREEMENT. **I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY PHOTOGRAPHERS IF I DO NOT WISH TO BE PHOTOGRAPHED.** IN SIGNING THIS FORM, I UNDERSTAND THAT CNPS WILL MAKE REASONABLE EFFORTS TO AVOID ACCESS TO, OR REMOVE, MY IMAGE OR VOICE FOR ALL PURPOSES IDENTIFIED HEREIN. **CNPS IS NOT RESPONSIBLE FOR PHOTOS THAT MIGHT BE TAKEN AND USED BY OTHERS WHO ATTEND CNPS ACTIVITIES.**

Name (If under the age of 18, Parent or Guardian must sign also.)	**Signature**	**Emergency Contact** Name & Phone Number