

**DOYLESTOWN PHOTOGRAPHY CLUB ("DPC") RELEASE AND WAIVER OF LIABILITY**

IN CONSIDERATION of being permitted to participate in field trips, meet-ups or other DPC activities I for myself, next of kin, heirs and personal representatives:

1. Acknowledge, accept and agree that I understand the nature of the activity and that I am qualified and in proper physical condition to participate in such activity. I further acknowledge that the activity may involve certain hazards and warrant that if at any time I believe the conditions to be unsafe, I will immediately discontinue further participation in the activity. Participation in all club activities is entirely voluntary.
2. Fully understand that participation in activities may involve risks and danger of bodily injury or death, and may also involve risk of damage to or loss of equipment. There may be other risks, social or economic losses either not known to me or not foreseeable at this time, and I fully accept and assume all such risks and responsibility for losses, costs and damages I incur as a result of my participation in the activity.
3. Agree that images shared with DPC may be published in club-related media. This may include: digital projection, internet publication, contest entry or other forms. Electronically and physically shared images may be vulnerable to harm or piracy. DPC is not responsible for any damage to images, unauthorized use of images, or litigation that may result from such use.
4. Agree to release, indemnify, hold harmless and agree not to sue the DPC, its agents, administrators, Steering Committee, and each and every land owner upon whose property an activity is conducted from all liability, claims, demands, losses or damages arising from my participation in club activities. I further agree that if, despite this Release and Waiver of Liability, I or anyone on my behalf, makes a claim against any of the above named parties, I will indemnify, save and hold them harmless from any litigation expenses, loss or cost which may be incurred as the result of such claim.
5. Authorize any medical treatment deemed necessary should any injury or illness be incurred in the course of participating in any activity. I either have appropriate insurance or, in its absence agree to pay all costs of rescue or medical services incurred on my behalf.

**I have read this Agreement, fully understand its terms, and understand that I may be waiving valuable legal rights. I have signed it freely and without any inducement of any kind and intend it to be a complete release of all liability to the greatest extent allowed by law. I confirm that I have accepted the conditions listed above.**

DOYLESTOWN PHOTOGRAPHY CLUB

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Member Signature: \_\_\_\_\_  
(Parent or legal guardian must sign if member is under 18 years of age)

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**In case of Emergency, please notify:**

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_