



Individual Release Form

2017 Sleepout for Hunger & Homelessness

Zion Mennonite Church in Souderton
Friday November 3, 2017

Name of Group: _____

Your Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: (_____) _____ Email: _____

Liability Release Agreement

I hereby release Keystone Opportunity Center and any employees, sponsors or volunteers thereof, from any and all liability in the event of personal injury. I further state that I am in proper physical health and condition to participate in this event.

Participant Signature: _____ Date: _____

Parent or Guardian Signature is needed if participant is under 18 years of age.

Parent or Guardian Name (please print): _____

Parent or Guardian Signature: _____

Use of Photographic Images Release Agreement

I grant Keystone Opportunity Center the right to use my spoken or written words, filmed images and/or still photographs of myself or my dependent children in either print or electronic media for the purpose of publicity about the needs of this community and about the programs or services of Keystone Opportunity Center.

I grant this release with the understanding that neither my address nor my full name nor the full names of my dependent children will be identified verbally, electronically or in print by Keystone Opportunity Center or anyone connected to Keystone Opportunity Center without my permission. The first names of me and my dependent children may be used.

Use by Keystone Opportunity Center of my words, filmed images or still photographs of myself or my dependent children will not violate my rights or the rights of any person or organization, nor will Keystone Opportunity Center incur any liability for payment to any person or organization.

Participant Signed: _____ Date _____

Parent or Guardian Sign (if under 18 years of age): _____