



General Release and Hold Harmless Agreement

Participants Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Emergency Contact Name & Phone \_\_\_\_\_

Activity: (circle one) Hands On Class Mentoring Other \_\_\_\_\_

I, \_\_\_\_\_, desire to participate in the activity identified above operated or sponsored by Chicago Woodturners, Inc. ("CWT").

I understand and acknowledge that CWT will not allow me to participate in the Activity without releasing and holding CWT harmless from any liability arising out of participation in the Activity. I have investigated the risks involved in the Activity and fully understand and assume such risks. Specifically, I understand and acknowledge that I may suffer or experience, among other things, loss or theft of personal property, personal injury or bodily damage, illness, sickness, medical disabilities, and even death.

**I REQUEST THAT CWT ALLOW ME TO PARTICIPATE IN THE ACTIVITY, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE CWT, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, ANY PERSONS VOLUNTEERING ON BEHALF OF CWT, AND ANYONE ELSE PARTICIPATING IN THE ACTIVITY FROM ALL ACTIONS, CAUSES OF ACTION, ILLNESS, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND, GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITY IN WHICH I PARTICIPATE. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I MAY SUSTAIN AS A RESULT OF MY PARTICIPATION IN ANY OF THE ACTIVITY, REGARDLESS OR THE SPECIFIC CAUSE THEREOF.** \_\_\_\_\_ **Initial**

**PHOTOGRAPHY AND VIDEO RELEASE**

I give CWT permission to take photographs and videos ("media") of me during the activity, and allow CWT to display or play such media without charge to CWT at any CWT meeting or event, to reprint and distribute such media in any CWT promotional material, and to post or display such media on the CWT website.

\_\_\_\_\_ **Initial**

The undersigned agrees to the above Initialed sections and this agreement is binding on my Heirs, Successors and Personal Representatives.

\_\_\_\_\_  
Print Full Name Signature Date