



Rickey & Robbi Gelb Charitable Foundation, Inc.

Liability Release Form for Adults

I understand that if I want to take part in the Gelb Scholarship Program, I must sign this release of liability. I understand the Rickey & Robbi Gelb Charitable Foundation, Inc., is permitted by law to require me to sign this release of liability before allowing me to participate in the Gelb Scholarship Program. I understand that I am agreeing to forever release from liability, defend and hold harmless the Rickey & Robbi Gelb Charitable Foundation, Inc., its employees, officers, managers, and agents and further agree to give up my right to sue them for all property damage, personal injury or wrongful death resulting from their negligence, my own negligence, or the negligence of others. By signing below, I acknowledge and declare that I understand the legal consequences of this release.

SIGNATURE OF PARTICIPANT: _____ Date: _____

In signing below, *Please print your name* I, _____ hereby give my permission to photograph me and I give irrevocable rights and permission, in connection with said photograph for the Rickey & Robbi Gelb Charitable Foundation, Inc., to use the photographs in whole or in part including all promotional and advertising as well using my name and photograph, without compensation.

I release and discharge Rickey & Robbi Gelb Charitable Foundation, Inc., and all its legal representatives from all claims, actions and demands arising out of, or in connection with, the use of said photographs including without limitations, all claims for invasion of privacy and libel. I understand that the photographs may be published in print publications and or used in promotional displays. I understand that I will not be compensated for the use of the photographs and hereby voluntarily waive, release, and relinquish any right to be compensated for the use of the photograph (s). All participants involved in any programs and/or events are subject to being photographed.

Signature of Participant: _____ Date: _____

Print Name of participant: _____