

PROJECT CHANGE STATEMENT OF WAIVER

The undersigned parties state that he or she understand that Project Change, Inc. is not and shall not be responsible for or liable for any illness, injury to person or damage to property resulting from their involvement with any activity associated with or implemented by Project Change, Inc. in which the undersigned are participating, and each of the undersigned (or the undersigned's parent or guardian if the participant is a minor or under legal disability) hereby forever release and hold harmless Project Change, Inc. and its officers, directors, agents and employees or their assigns from any such illness, damages or injury which they may have or claim to have resulting from their participation in any such activity.

Photo Release Form

By signing below I hereby assign and grant to Project Change, Inc. the right and permission to use and publish the photographs/film/ videotapes/electronic representations and/or sound recordings made of me or my child by Project Change, Inc. or firms contracted by Project Change, Inc. I hereby release Project Change, Inc. from any and all liability from such use and publication. I specifically waive any right to any compensation I may have for any of the foregoing.

WE EACH HAVE READ AND UNDERSTAND THIS WAIVER AND PHOTO RELEASE AND SIGN VOLUNTARILY.

1. Name (printed): _____ Signature: _____ Date: _____
Email address _____ Phone: _____
2. Name (printed): _____ Signature: _____ Date: _____
Email address _____ Phone: _____
3. Name (printed): _____ Signature: _____ Date: _____
Email address _____ Phone: _____
4. Name (printed): _____ Signature: _____ Date: _____
Email address _____ Phone: _____
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Email address _____ Phone: _____
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Email address _____ Phone: _____
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Email address _____ Phone: _____
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Email address _____ Phone: _____
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Email address _____ Phone: _____
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Email address _____ Phone: _____
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Email address _____ Phone: _____
12. Name (printed): _____ Signature: _____ Date: _____
Email address _____ Phone: _____
13. Name (printed): _____ Signature: _____ Date: _____
Email address _____ Phone: _____