



WNY BOOK ARTS CENTER

Photo & Video Release, Studio Participation Waiver

PHOTO & VIDEO RELEASE

I hereby authorize the WNY Book Arts Center (Book Arts) to publish photographs, video and/or audio taken of me and/or with my name, for use in the WNY Book Arts Center's printed publications and website. I release Book Arts from any expectation of confidentiality in regard to the photograph and/or with my name and I have authorized Book Arts to use the photographs for publications and/or the website. I acknowledge that participation in publications and website produced by Book Arts confers no rights of ownership whatsoever. I release Book Arts, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

By checking this box, I acknowledge that I have read and understand this Release. and agree to its provisions.

RELEASE AND WAIVER OF LIABILITY

This release and Waiver of Liability is executed in favor of the WNY Book Arts Center (Book Arts) and its directors, officers, instructors, teaching assistants, employees, and agents. I, the student, hereby freely and voluntarily without duress, execute this Release under the following terms:

- 1. Waiver and Release.** I hereby release and forever discharge and hold harmless Book Arts, and its directors, officers, instructors, teaching assistants, employees, and agents and successors and assigns from any and all liability, claims, demands, and causes of action, of whatever kind of nature, either in law of equity, which may hereafter arise from my participation with any and all the equipment available to, and used by, the student in the letterpress studio, and/or and project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with Book Arts. I understand and acknowledge that this release discharges Book Arts from any liability or claim that I may have against Book Arts and its directors, officers, instructors, teaching assistants, employees, and agents, with respect to any bodily or other injury, illness, death, or property damage that may result from my participation. I also understand Book Arts does not assume any responsibility or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance in the event of injury, illness, death, or property damage.
- 2. Insurance.** I understand that Book Arts may elect to provide group accident or other liability insurance for the benefit of its students. Any coverage so provided will be governed by the policy language. Except to the extent that it may provide such insurance, Book Arts does not carry or maintain and health, medical, disability, damage, or other liability insurance coverage for the benefit of its students, and expressly disclaims any responsibility or obligation to do so. As a student, I am expected and encouraged by Book Arts to maintain medical, health, and all other applicable insurance coverage for my own benefit.
- 3. Medical Treatment.** I hereby release and forever discharge Book Arts, its directors, officers, employees, and agents from any and all liability claims, demands, and causes of action whatsoever may arise on account of any first aid or other medical treatment rendered during my participation with any and all equipment in the letterpress studio and/or any project, activity, or sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with Book Arts.
- 4. Assumption of Risk.** I understand that my participation with Book Arts, and or any project, activity or event sponsored, managed, arranged, or promoted by or otherwise affiliated or associated with Book Arts may include activities that may be hazardous to me. I further recognize and understand that such participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release Book Arts from all liability for injury or illness that may result.
- 5. Other.** I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with the laws of this state, county, city, and/or township. I agree that in the event that any clause or provision of this Release shall be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release.

By signing below, I acknowledge that I have read and understand this Release. and agree to its provisions.

Print Name(s) of student(s): _____

Signature (Guardian Signature if student(s) under 18 yrs old): _____

Date: _____