Nonprofit Fundraising Event Consent and Release Form

Full Name
Address
Addicas
Phone Number
Email
Event Details
Event Details
Event Name
Event Date
Consent
I hereby consent to participate in the above nonprofit fundraising event and acknowledge that I do so at my own
risk. I release and hold harmless the organization, its officers, employees, and volunteers from any and all
liability, claims, or causes of action for any injuries, loss, or damages arising from my participation.
I have read and agree to the terms above.
Photo/Video Release
I grant permission to the organization to use photographs and/or video recordings of me taken at the event for nonprofit promotional purposes in print, online, and other media.
☐ I agree to the photo/video release terms.
Signature
Date