

Community Workshop Media Waiver and Liability Form

Participant Name

Address

Phone

Email

Date

Media Waiver

I hereby grant permission to the Community Workshop and its representatives to take photographs, video, and audio recordings of me in connection with participation in the workshop. I agree that the Workshop may use such media for any lawful purpose including publicity, illustration, advertising, and web content.

☐ I have read, understood, and agree to the Media Waiver.

Liability Waiver

I acknowledge that my participation in the Community Workshop is voluntary and may involve physical activity and use of tools or equipment. I agree to hold harmless the Community Workshop, its officers, organizers, and volunteers from any liability, claims, demands, or causes of action for any injuries, harm, or damages arising from my participation.

☐ I have read, understood, and agree to the Liability Waiver.

Signature

Date

Parent/Guardian (if participant is under 18)

Date
