



TryVent Waiver and Release Agreement

In consideration for my participation in the TryVent program and the use of Carroll Lutheran Village facilities, I understand that Carroll Lutheran Village, The Partnership for a Healthier Carroll County, Inc., to include the parent company, LifeBridge Health, Inc. and its subsidiaries and affiliates, and TryVent proprietors and collaborators assume no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any sports, recreational games, the use of any equipment, or other activities in connection with the TryVent program.

I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from my participation in the TryVent program and hereby voluntarily release and forever discharge: (1) Carroll Lutheran Village, its officers, directors, successors, agents, assigns and employees; (2) The Partnership for a Healthier Carroll County, Inc., its officers, directors, successors, agents, assigns and employees, (3) LifeBridge Health, Inc., its subsidiaries, affiliates, officers, directors, successors, agents, assigns and employees; (4) Carroll County Health Department, its subsidiaries, affiliates, officers, directors, successors, agents, assigns and employees and (5) all TryVent proprietors and collaborators, and their officers, directors, successors, agents, assigns and employees from any and all claims for injury, illness, death, loss or damage of any kind which I may suffer as a result of or in connection with my participation in the TryVent program. I understand that Carroll Lutheran Village, The Partnership for a Healthier Carroll County, Inc., LifeBridge Health, Inc., Carroll County Health Department, and its subsidiaries and affiliates, are not responsible for personal property lost or stolen on Carroll Lutheran Village premises or while event participants are using Carroll Lutheran Village facilities.

Photography: For good and valuable consideration herein acknowledged as received, I hereby grant to The Partnership for a Healthier Carroll County, Inc. ("Photographer"), its employees, agents, representatives, and assigns, the absolute and irrevocable right and unrestricted permission to use, reuse, publish, and republish all photographs, pictures, electronic images and video recordings of me, and all sound and video recordings of my voice, in which I may appear in whole or in part, composite or distorted in character or form, without restrictions as to changes or alterations, in conjunction with my own or a fictitious name, in any and all media now or hereafter known, including the internet, for any purpose whatsoever, including but not limited to illustration, promotion, art, editorial, advertising, or trade.

Minors: I hereby warrant that I am of full legal age and have the right to contract in my own name, or that I am the legal guardian of named minor. I have read this document prior to its execution, and fully understand its contents. This release shall inure to the benefit of Photographer and its licensees, representatives, and assigns, and shall be binding upon me and my heirs, legal representatives, and assigns.

OVER



TryVent Waiver and Release Agreement (Continued)

Name (Please Print): _____

Minors (Name & Ages): _____

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Address: _____

Phone: _____ **Email:** _____

Witness Signature: _____ **Date:** _____

FOR THE PARTNERSHIP USE ONLY

Description / Notes: