**Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Participant List and Publicity Consent**

**PUBLICITY CONSENT**

I hereby consent that any narratives, film, photographs, videotape, or sound recordings of events in which I may be participating may be used by the Freedom’s Way
Heritage Association and (your organization name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to promote Hidden Treasures.

I have read the waiver and release, and by signing it agree. It is my intention to exempt and relieve (your organization name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
and Freedom’s Way Heritage Association from liability for personal injury, property damage, or wrongful death caused by my participation in this event.

***Minors require a signature from a parent or legal guardian.***

|  |  |  |  |
| --- | --- | --- | --- |
| Signature | Name (Print) | E-Mail | Town |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| Signature | Name (Print) | E-Mail | Town |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
| 17 |  |  |  |
| 18 |  |  |  |
| 19 |  |  |  |
| 20 |  |  |  |
| 21 |  |  |  |
| 22 |  |  |  |
| 23 |  |  |  |
| 24 |  |  |  |
| 25 |  |  |  |
| 26 |  |  |  |
| 27 |  |  |  |
| Signature | Name (Print) | E-Mail | Town |
| 28 |  |  |  |
| 29 |  |  |  |
| 30 |  |  |  |
| 31 |  |  |  |
| 32 |  |  |  |
| 33 |  |  |  |
| 34 |  |  |  |
| 35 |  |  |  |
| 36 |  |  |  |
| 37 |  |  |  |
| 38 |  |  |  |
| 39 |  |  |  |
| 40 |  |  |  |
| 41 |  |  |  |
| 42 |  |  |  |
| 43 |  |  |  |