

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

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