

Preservation Trades Training Program
MEDICAL RELEASE, PHOTO RELEASE, & LIABILITY WAIVER FORM

***ALL PARTICIPANTS MUST RETURN THIS FORM BEFORE ATTENDING CLASS ***

Voluntary - My participation in this Activity is voluntary. I am in satisfactory physical condition to participate in this Activity. I will select the activities in which I will participate. I will choose activities that are within my physical capacities.

Assumption of Risk – I acknowledge that construction activity is inherently dangerous and that any and all risks associated with such work are voluntarily assumed. I realize that during this Activity, there are several ways that I could potentially hurt myself if I am not careful or choose a task that I am not capable of doing. I realize that my participation in any of these activities is strictly voluntary and that I assume the risks associated with these activities. I could: (a) receive cuts and abrasions, (b) lose personal property such as watches or jewelry, and (c) suffer serious bodily injury.

Waiver – I release the sponsors, organizers, volunteers, and site property owners (as well as all of their affiliates, directors, officers, trustees, employees, representatives, or agents) from all actions or claims or liabilities of any kind that relate to my participation in the Activity even though that liability may arise out of negligence or carelessness of any such party. I understand and acknowledge that this waiver binds my heirs, administrators, executors, personal representatives, and assigns.

Hold Harmless - I hold Preservation Buffalo Niagara and Northwood Restoration, and all sponsors, organizers, funders, volunteers, and site owners harmless and indemnify them against all actions or claims (including reasonable attorneys' fees, judgments and costs) with respect to any injuries, death, or other damages or losses, resulting from my participation in the Activity.

Medical Treatment - If I am injured during the Activity, the organizers or volunteers of the Activity may render medical services to me or request that others provide such services. By taking such action, the organizers and volunteers are not admitting any liability to provide or to continue to provide any such services and that such action is not a waiver by the organizers or volunteers of any rights under this release and waiver. Should I require transport to a medical facility as a result of an injury, I am financially responsible for such transportation and medical treatment costs. If I am injured during the Activity, it is my responsibility to seek appropriate medical care and to notify the Activity organizers.

Promotion - I hereby grant permission for my name, image, likeness, and voice to be used by Preservation Buffalo Niagara/Buffalo Tours, any of the Co-Sponsors, and/or Activity Organizers for any legitimate purpose in any media or promotional materials now or hereinafter developed.

I UNDERSTAND AND AGREE WITH THE CONTENTS OF THIS DOCUMENT. ANY QUESTIONS I MAY HAVE HAD ABOUT THIS DOCUMENT WERE ANSWERED TO MY SATISFACTION.

Print Name:

Signature:

Date: _____