**THE HOUSE OF ROGUES PHOTO RELEASE FORM**

I hereby grant The House of Rogues permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of The House of Rogues and will not be returned.

I hereby irrevocably authorize The House of Rogues to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge The House of Rogues from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_ / \_\_ / \_\_\_\_

**If under 18, parent/guardian must sign.**

Parent/guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| Date: \_\_ / \_\_ / \_\_\_\_

**CONSENT FORM AND WAIVER OF LIABILITY**

TO: The House of Rogues

Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity or Activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned participant, agree to indemnify and hold harmless The House of Rogues and any of its agents, employees, or representatives for any injury or loss suffered by me due to my participation in the activity or activities specified above (hereinafter collectively referred to as “activity”). I hereby agree that I have been fully advised of the nature and extent of the activity that may take place and represent to you that I am physically and mentally able to participate in the activity without special accommodations or additional supervision.

I understand that the activity may present the risk of injury, or even death, to me, and I have been fully advised of those possibilities. I represent to you that I fully assume the risk of any such injury or death, and I hold you, your agents, employees, and representatives harmless from any liability or death to me while engaged in this activity that is caused or contributed to by my conduct or the conduct of any other participants. I further agree to indemnify and defend you, your agents, employees, and representatives against any claim or liability asserted for any such injury or death.

I also hold you, your agents, employees, and representatives harmless from all liability to any other person or entity arising as a result of the conduct of myself or the other participants in the activity and I agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such conduct.

If I am not able to be consulted for any reason in the case of an emergency or necessity arising during the course of the activity or as a result of the activity, I authorize you to contact the emergency contact person or persons listed above and to arrange for such medical and hospital treatment as you may deem to be

advisable for my health and well being.

Participant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

(to be used if participant is a minor or under any legal disability requiring consent of another)

**NOTE:** By signing above, the Parent/Guardian ratifies and consents to all terms specified herein.

Special Medical Needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_