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Educating and Connecting People Through Photography

RELEASE AND INDEMNITY AGREEMENT, ASSUMPTION OF RISK

Event: _____ Date: _____

Location: _____ Event Leader/Contact: _____

Participant’s Personal Information

Family Name _____ Given Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Postal Code _____

Phone _____ Email _____

Emergency Contact Name _____ Emergency Contact Phone _____

Agreement

I, (print your name or name of minor) _____, wish to participate in an activity (“Activity”) of the Photographic Society of America or one of its Chapters (“PSA”), a nonprofit corporation. I understand that participation in this activity may involve or result in risk of personal injury or illness, or of damage to or loss of personal property, or other risk or loss, including, without limitation, injury, illness or loss caused by the actions or failure to act of third parties. I understand that in order to protect its members, leaders and assets, and in order for me (or said minor) to participate, PSA requires that I (on my own behalf or on behalf of said minor) execute this Agreement.

In consideration and part payment for my right (or the right of the below-named minor) to participate in this Activity, I hereby **RELEASE, ACQUIT AND DISCHARGE** PSA, its officers, directors, members, agents, employees, successors and assigns of and from any and all loss, liability, claims, cause or causes of action which I (or said minor) may have or hereafter acquire arising out of, or in any way related to, my attendance or participation (or attendance or participation by said minor) in this Activity (collectively the “Released Claims.”) I further assume for myself (or for said minor) all risks in connection with the Activity.

I further hereby agree to indemnify and hold harmless PSA, its officers, directors, members, agents, employees, successors and assigns of and from any loss, liability or damages, whether now known or hereafter arising and including all litigation costs and attorney’s fees, arising out of or related to the Released Claims.

This Release and Indemnity Agreement shall be binding upon the undersigned (both individually and, if applicable, in a representative capacity), and my heirs, personal representatives, successors and assigns.

Irrespective of the jurisdiction in which this document is actually executed, the laws of the State of Oklahoma shall govern the meaning and interpretation hereof. **I have read this Release and Indemnity Agreement and have been fully informed of its terms before signing. I understand that parents or legal guardians must sign for all persons under eighteen (18) years of age.**

Participant’s Signature _____ Date _____

Parent or Guardian Signature for minor _____ Date _____