

## Release of Liability Statement and Hold Harmless Agreement

In appreciation and consideration of International Students, Inc. (ISI) affording me the opportunity to participate in the event/activity indicated below, I agree that I participate in this event/activity solely at my own risk. I waive, release and agree to hold harmless ISI, and the event sponsors and their respective agents, employees, directors, officers and volunteers from any and all property damage, personal injury, illness from communicable diseases or other claims of whatever nature made by myself or others related to my participation in this event/activity.

### Personal Information

I am \_\_\_\_ years old and represent that I have read and fully understand the above statements.

Nature of Event/Activity (print): \_\_\_\_\_

*\*If you are filling out the form for the entire school year, write "ISI events."*

Place of Event/Activity (print): \_\_\_\_\_ Date of Event/Activity: \_\_\_\_\_

*\*If you are filling out the form for the entire school year, leave blank.*

*For Date, fill in the current school year.*

My Name (print): \_\_\_\_\_

Local Address (print): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

(signature)

### Media Release

**Please choose one (1) option below.**

Do you give ISI permission to use or reuse any and all photo images and/or video images for illustration, training, website, promotion, or for any other purpose that fits within the mission, purpose and/or on-going program of ISI? Additionally, do you give the absolute right and permission to ISI, its representatives and those acting under its authority, to copyright your image, printed words or recorded voice from any and all such media as they choose, including the internet?

I give my consent for any photos/videos of me to be used by ISI as stated above, and I give up, release, discharge and agree to hold ISI harmless from any and all liability in connection with the use of such media.

I do NOT give my consent for any photos/videos of me to be used by ISI as stated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**ISI Staff, please note: Each student may fill out the form once for the entire school year. However, a new form should be filled out for events/activities with a higher risk of injury (refer to the ISI Activities list on our website). Please keep a log of the events the student attends on the back of this form.**