



**Release and Indemnity**

I HEREBY AGREE, ON BEHALF OF MYSELF AND MY CHILDREN, HEIRS, EXECUTORS, ADMINISTRATORS, AND REPRESENTATIVES, TO THE FULLEST EXTENT ALLOWED BY APPLICABLE LAW, TO RELEASE, INDEMNIFY AND DEFEND The United Saints' Recovery Project, First Street PW United Methodist Church, Shalom Zone Community, Inc.,(collectively " USRP") and all of its volunteers, employees, board members contractors, homeowners, partners, donors, and associates with respect to all claims, liabilities, losses, suits or expenses (including costs and reasonable attorney fees) made or brought by anyone, including myself, and co-Participant, volunteer, third party, or any members of my family arising out of any injury, damage, death, or other loss in any way connected with my participation in Recovery Activities or use of USRP equipment or facilities. This agreement includes any losses claimed to be caused, in whole or in part, by the negligence USRP or USRP Personnel. I agree to waive all claims against USRP or USRP Personnel, whether legal of equitable, and agree that neither I, nor anyone acting on my behalf, will make claim or file a lawsuit of any kind against USRP or USRP Personnel as a result of any injury, damage, death, or other loss.

I AGREE that this and all other aspects of my relationship with USRP are governed by Louisiana State law. Further, any mediation, suit, or other proceeding arising out of or relating to my participation in Recovery Activities, must be filed exclusively in the State of Louisiana, and Louisiana State law shall apply. I agree to settle any dispute, that cannot be settled by discussion, through mediation before a mutually acceptable Alabama mediator. I also agree that if I, or someone on my behalf, asserts a claim or files a suit against USRP or USRP Personnel, I will pay all costs and attorney's fees incurred by USRP in defending that claim or suit, if the claim or suit is withdrawn or dismissed, or to the extent a court determines USRP or USRP Personnel is not responsible for the injury or loss.

WHILE I AGREE that USRP has no responsibility to provide medical care to me and makes no offer to do so, I authorize USRP Personnel, should they deem it necessary, to obtain or provide such medical care for me as they deem appropriate, and/or to transport me to a medical facility should they deem it appropriate. I further authorize USRP Personnel or any medical personnel to render such treatment as they deem necessary for my health. I further agree to pay all costs associated with such care or evacuation, whether authorized by me or not. Without limiting any of the foregoing, I expressly waive any claims that I or anyone on my behalf may make against USRP or USRP Personnel with regards to medical care and the provision or failure to provide such care.

**Photo Release**

I hereby authorize and consent that The United Saints' Recovery Project, First Street PW United Methodist Church, and Shalom Zone Community, Inc. (collectively "USRP") may copyright, publish, use, sell or assign any and all photogenic portraits or pictures, television spots, movie films, videotapes, and/or sound records or any part thereof, that they may have taken or made of me in which I may be included in whole or in part, whether separate from or in connection with illustrative or written manner, story or news item, motion pictures, television or radio spots, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my name or in anonymity. I hereby waive any right I have to inspect and/or approve the finished product or the advertising copy that may be used in connection wherewith or the use to which it may be applied.

Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions of the Document, and those remaining provisions shall continue in full force and effect.

I have carefully read this Document, I understand it, and I voluntarily sign it and acknowledge that it shall be effective and legally binding upon myself, my family, heirs, executors, representatives, and state, and that no oral representatives, statements, or inducements apart from the Release have been made to me.

Participant Name (printed): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Name (if Participant is under 18): \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_