**Liability Release with Photo Release**

**Name of Event at Location:**

**Consent & Liability Release**

I hereby request to participate in the Fall Screening Event and I hereby release from all claims and liabilities the volunteers and all organizations involved in the development of this form and in the coordination, sponsorship, and staffing of this event. I understand that this event is not a substitute for a medical or physical examination. I understand that participants must use their best judgment in participating, and I affirm that I have disclosed all information that is material to my participation in this event. I have read this consent and release form and understand its contents.

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

**Photo Consent**

I hereby grant the location, rehab clinician/facility/organization, universities of student volunteers, National Council on Aging, American Physical Therapy Association, and the your state APTA chapter the irrevocable right and permission to use photos of me in any and all brochures, publications, internet websites, audiovisual presentations, promotional literature, advertising, or for any other similar educational purpose without compensation to me. I understand and agree that I may be identified by name in printed, Internet or broadcast information that might accompany the photograph or image of me. I agree that all such portraits, pictures, photographs, video and audio recordings and any reproductions thereof, and all plates, negatives, recording tape, and digital files shall remain the property of the above mentioned entities. I waive the right to approve the final product. I hereby release and forever discharge the above mentioned entities, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said videos/images, including but not limited to, any claims for invasion of privacy, appropriation of likeness, or defamation. I hereby warrant that I am eighteen years old or more and competent to contract in my own name. This release is binding on me and my heirs, legal representatives, and assigns. I have read and understand the information in this consent form.

Signature of Person Photographed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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