**Liability Release without 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: \_\_\_\_\_\_\_\_\_