



LIABILITY RELEASE AND AUTHORIZATION Child / Adult with Developmental Disabilities Applicant:

Participant's First Name: _____ Participates Last Name: _____

Liability Waiver:

By my signature set forth below, and in consideration of Exceptional Journeys Community Center, taking myself, my spouse, my children and any or all of my family on any "Exceptional Journeys Community Center" outings, I hereby release Exceptional Journeys Community Center and all of its agents, officers, directors, employees, the donors, contributors, volunteers, and or participants from any liability whatsoever, in connection with the preparation, execution, and fulfillment of any and all outings on behalf of the above-mentioned applicant. The scope of this release shall include but not be limited to transportation, food, lodging, medical concerns (physical and emotional), entertainment, photographs and physical injury of any kind.

Promotional Materials and Social Media: (Initial each paragraph).

_____ In order to further its mission, Exceptional Journeys Community Center, through its agents, directors, officers, directors, or employees, periodically photographs, films, and/or electronically records interviews with parents or guardians. Those materials may be distributed now or at any time in the future to anyone including the general public, magazines, radio stations, TV stations, newspapers, public presentations, social media, or other media outlets, or displayed on Exceptional Journeys Community Center's website. Exceptional Journeys Community Center also maintains social media accounts on networks such as Facebook, Instagram, and Twitter. Through these networks, Exceptional Journeys Community Center desires to share posts welcoming new participants and posting photos and other information of participants at outings. This may include information regarding the participant's name and/or medical condition.

_____ By my signature below I/we authorize Exceptional Journeys Community Center to photograph, film, or electronically record me/us and distribute such materials as Exceptional Journeys Community Center chooses. By my signature below, I also authorize Exceptional Journeys Community Center to post updates or photographs of me/my child on social media which may include our names and/or my child's medical condition.

_____ I understand that it is my/our responsibility to excuse ourselves and my child from situations where it is reasonably understood that Exceptional Journeys Community Center is photographing, filming, or electronically recording participants, and to promptly notify Exceptional Journeys Community Center of my/our and my/our child's non participation. In the event I/we do not excuse ourselves or promptly notify Exceptional Journeys Community Center of our non-participation, I hereby waive my/our and my child's non participation in that instance.

_____ I hereby acknowledge that in no event will Exceptional Journeys Community Center be held in any way responsible for photographs, films, recordings, including social media posts, of me/us and my child taken by third parties at Exceptional Journeys Community Center outings and programs. I hereby state that I have read the forgoing release and have executed it freely, voluntarily and without remuneration. I give my permission for myself and/or children to participate in Exceptional Journeys Community Center outings as outlined herein.

Guardian Signature

Date Signed

Printed Guardian Full Name