



Oceanside Photographer Society

Waiver of Liability

This form is a legal document. By signing this form, you are accepting sole responsibility for your own safety and releasing the club, its members and trip leaders from all legal responsibility in this regard.

Read this form before signing. If you have any questions, consult a lawyer. In consideration of the benefits of Club membership, which consideration is acknowledged and recognized:

1. I hereby acknowledge this notice to be sufficient to advise me of the potential hazards of my participation in any and all activities associated with or organized by the Oceanside Photography Society (hereinafter referred to as "OPS")
2. I, the undersigned, hereby declare that I am 19 years old or older, _____ or
If under 19 years of age, I have had my legal guardian sign this form on my behalf.
3. I am signing this form in recognition that the field trips of the OPS are arranged and led by volunteer, amateur personnel.
4. I hereby freely and voluntarily accept full and sole responsibility and forever release and discharge the OPS, its members and its trip leaders, on behalf of myself, my heirs and my personal representatives from and against any liability for death or injury to myself or damage or loss of my property howsoever caused, even if it is caused by the negligence of the OPS, its Officers, Directors, Servants, Agents, trip leaders or other members. I hereby and forever release and discharge the OPS, Officers, Directors, Servants, Agents, trip leaders or other members from any liability whatsoever arising as a result of participation in, but not exclusive to, the following: club meetings, gatherings, field trips, outings, club presentations, seminars, workshops and/or competitions.
5. I acknowledge that I use the properties and facilities arranged for me by OPS at my own risk and I hereby hold harmless OPS, its Executive, OPS volunteers and the owners of any such property and facilities from any suit, cause, action or claim resulting from my use of such property or facility.

I declare that I have read this document and this agreement is binding upon me, my heirs, Executors, administrators and assigns.

Signature _____ Date _____

Name (printed) _____

Parent Signature if under 18 years of age _____

Date _____ Parent name Print _____