

Woods Tactical & Battle Re-Enactment Waiver & Photo release Form

WAIVER:

My signature below indicates the following:

- I recognize that there is an element of risk in any adventure, firearms handling & discharge, woods tactical, trek, or living history event. I am fully aware of the risk and dangers inherent in these woods tactical, treks, battle reenactment, firearms handling & discharge or other events.
- Knowing the inherent risk, dangers and rigors required of said activity, I certify that I, my family, and all minor children are fully capable of participating in the said activity.
- I assume full responsibility for myself, my family, including all minor children for bodily injury, death and loss of personal property and expenses thereof as a result of our participating in said activity.
- I understand that per section 1533.181 (A) (1) of the Ohio Revised Code, an owner of premises does not assume responsibility for or incur liability for any injury to a person or property caused by an act of recreational use. Section 1533.18 defines "recreational user" as any person granted permission, without the payment of a fee to the owner, to enter upon the premises to engage in a recreational pursuit. I certify that my purpose on these premises for this event is to engage in recreational pursuit without payment of a fee.

PHOTO RELEASE:

My signature below indicates the following:

- I hereby consent that the photographs, videotapes, and/or motion picture film for which I am in, and/or audio recordings of my voice may be used by the 17th century group, its assigns or successors, in whatever way they desire including television and website/Internet usage.
- Furthermore, I hereby consent that such photographs, film, recordings and/or tapes from which they are made shall be their property and they shall have the right to sell, duplicate, reproduce and make other uses of those above mentioned as they see fit, free and clear of any claim whatsoever on my part.
- I also consent to the irrevocable right to use my name (and any fictional name), written copy and photograph for purposes outlined as in the above paragraphs.
- I further grant the above-mentioned rights without compensation.

Print Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Signature of participant

Date

Signature of witness

Date

Print Child's Name _____

As parent/guardian of the minor child named above, I hereby consent to these same rights as listed above and affirm that I have a legal right to give such consent.