



The ORION Foundation

**Release for Participation in Tackle the Stigma**

This agreement releases The ORION Foundation, Inc. from all liability relating to injuries and/or damages that may occur during **Tackle the Stigma events held on Saturday, September 28, 2019 (Georgia) and Saturday, October 5, 2019 (Florida)**. By signing this agreement, I agree to hold The ORION Foundation, Inc. entirely free from any liability, including financial responsibility for injuries and/or damages incurred, regardless of whether injuries and/or damages are caused by negligence.

I also acknowledge the risks involved in participating in **Tackle the Stigma**. I swear that I am participating voluntarily. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below, I forfeit the right to bring a lawsuit against The ORION Foundation, Inc. for any and all losses, claims, liabilities, causes of action, or damages in connection with my participation in this activity. In return, I will receive participation in **Tackle the Stigma**. I will also make every effort to obey safety precautions and event procedures as explained to me verbally. I will ask for clarification when needed.

I, \_\_\_\_\_, fully understand and voluntarily agree to the  
(Printed Participant Name)  
above terms.

\_\_\_\_\_  
(Participant Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent or Guardian Signature, if under age 18)

\_\_\_\_\_  
Date



The ORION Foundation

**Photo Release Form**

The ORION Foundation, Inc.

Event: **Tackle the Stigma**

Date: September 28, 2019 (Georgia)/October 5, 2019 (Florida)

I grant to The ORION Foundation, Inc., its representatives and employees the right to take photographs of me and my property in connection with the above-identified event. I authorize The ORION Foundation, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that The ORION Foundation, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

I, \_\_\_\_\_, have read and fully understand the above terms.  
(Printed Participant Name)

\_\_\_\_\_  
(Participant Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent or Guardian Signature, if under age 18)

\_\_\_\_\_  
Date