



23A Walker Way | Colonie, NY | 12205

LIABILITY RELEASE AND WAIVER AGREEMENT

This Liability Release and Waiver Agreement ("Agreement") is entered into on this ____ day of _____, 20____, by and between Scholastic Talent, Inc. and Scholastic Talent Showcase, Inc. (collectively, "the Organizations"), New York State nonprofit organizations, and the undersigned participant ("Participant").

1. Acknowledgment of Activity and Assumption of Risks

I, the undersigned, hereby acknowledge that I am voluntarily participating in activities, events, and programs organized by the Organizations, including but not limited to talent showcases, workshops, classes, programming, sports participation, and other related activities (the "Activities"). I understand that my participation may involve certain risks, including but not limited to personal injury, property damage, or other harm.

I am aware of these risks and freely assume them, understanding that I am solely responsible for my own safety and well-being. I understand that this Agreement will apply every time I am on the premises of and/or participate in the Activities by the Organizations.

2. Release and Waiver of Liability

In consideration of being permitted to participate in the Activities, I, on behalf of myself, my heirs, assigns, and personal representatives, hereby release, discharge, and hold harmless the Organizations and their respective officers, directors, employees, contractors, volunteers, agents, and representatives (collectively, the "Released Parties") from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me while participating in the Activities or arising out of my involvement with the Organizations, whether caused by the negligence of the Released Parties or otherwise.

3. Indemnification

I agree to indemnify, defend, and hold harmless the Released Parties from any claims, lawsuits, or demands made against them as a result of my actions, negligence, or involvement in the Activities.

4. Medical Authorization

I authorize the Organizations and their representatives to seek medical treatment for me if necessary, during my participation in the Activities. I understand and agree that I am solely responsible for all medical costs that may be incurred due to injury or illness related to my participation.



23A Walker Way | Colonie, NY | 12205

5. Photography and Media Release

I understand that the Organizations may take photographs, video, or other recordings of the Activities, and I hereby grant the Organizations full and unrestricted publishing and use rights to use my likeness, voice, and image in any media or promotional materials without compensation or notice to me.

6. Governing Law and Jurisdiction

This Agreement shall be governed by and interpreted in accordance with the laws of the State of New York. Any disputes arising out of this Agreement shall be resolved in a court of competent jurisdiction within New York State.

7. Acknowledgment of Understanding

I have read and fully understand this Agreement, and I acknowledge that by signing below, I am waiving certain legal rights, including the right to sue the Released Parties. I sign this Agreement freely and voluntarily.

Participant's Printed Name: _____

Date: _____

Participant's Signature: _____

Parent/Guardian's Printed Name (if Participant is under 18): _____

Date: _____

Parent/Guardian's Signature: _____