

CONTINUING RELEASE OF LIABILITY
AND ASSUMPTION OF RISK

- 1) I acknowledge that I have applied for enrollment in one or more Maine Coast Heritage Trust (MCHT) programs or activities, and in consideration of being permitted to participate in such activities, do voluntarily execute this Release on behalf of myself, my heirs and next of kin, my personal representative and my estate. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death that may be sustained by me, or any loss or damage to property owned by me, in connection with any activity and related travel, conducted in part or in whole by MCHT, including risks associated with the Covid 19 pandemic.
- 2) I acknowledge that I have been fully informed of the nature, scope and demands of the activities, and that I am in good physical condition and believe that I am able, without reservation or limiting conditions, to physically withstand and cope with the indicated rigors of all activities conducted by MCHT that I choose to become involved in. I understand that MCHT has instituted standards of precautions to be taken by participants to reduce the likelihood of the spread of Covid 19, and I agree to abide by them, but at my own risk.
- 3) By signing this document, I recognize that there are risks inherent in any activity in which I am participating, and that I will not hold MCHT responsible for any resulting illness, injury or accident, including but not limited to Covid 19 related risks.
- 4) I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer, and all damages or loss to any personal property or property issued to me by Maine Coast Heritage Trust, and will defend and indemnify Maine Coast Heritage Trust and its agents, employees, board, council, staff or other volunteers, from and against any and all claims, demands, actions or causes of action, on account of damage to personal property, or of my personal injury, or death, which may occur or result directly or indirectly from my participation in the activity. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue.
- 6) I agree to abide by the rules and regulations imposed on participants by Maine Coast Heritage Trust and its agents.
- 7) I request that this "Release and Assumption of Risk" be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, I request that the remainder continue in full force and effect.
- 8) The specific rights and obligations established by this release shall continue until revoked in writing by the undersigned.

My signature below (parent or legal guardian must sign for participants under the age of eighteen) indicates that I, the applicant, have read and understood the above:

PRINT NAME: _____

HOME ADDRESS: _____

HOME CITY, STATE, ZIP: _____

HOME PHONE: _____ **SUMMER PHONE:** _____

SUMMER ADDRESS: _____

SUMMER CITY, STATE, ZIP: _____

EMAIL: _____

SIGNATURE: _____ **DATE:** _____

DATE: _____

(Signature of Parent or Guardian if under 18)

PHOTO-VIDEO RELEASE - MCHT PROGRAMS

I acknowledge that I have voluntarily applied for enrollment in one or more Maine Coast Heritage Trust (MCHT) activities, and in consideration of being permitted to participate in such activities, do voluntarily execute this PHOTO RELEASE. I hereby authorize and give full consent to Maine Coast Heritage Trust to copyright or publish in print or electronic form all photographs, images or videos in which I, the undersigned, appear while enrolled as a participant in any MCHT activities.

My signature below (parent or legal guardian must sign for participants under the age of eighteen) indicates that I, the applicant, have read and understood the above:

PRINT NAME: _____

HOME ADDRESS: _____

HOME CITY, STATE, ZIP: _____

HOME PHONE: _____ **SUMMER PHONE:** _____

SUMMER ADDRESS: _____

SUMMER CITY, STATE, ZIP: _____

EMAIL: _____

SIGNATURE: _____ **DATE:** _____

DATE: _____

(Signature of Parent or Guardian if under 18)

Check here if you would like to **OPT OUT** of receiving any future communications from MCHT