

OPERATION GRATITUDE STANDARD RELEASE AGREEMENT AND COMPLETE WAIVER AND RELEASE OF LIABILITY FOR ANY INJURY OR PROPERTY DAMAGE

EVENT DATES: January 1, 2017 - December 31, 2017

LOCATIONS: Operation Gratitude; 21100 Lassen St.; Chatsworth, CA 91311-4278 ("premises") and Various fundraising &/or outreach sites.

OPERATION GRATITUDE conducts Care Package Assemblies, fundraisers and outreach events (collectively and individually "the Event"). In connection with the Event, Operation Gratitude and its employees, agents and representatives, including without limitation: media, sponsors, elected officials and/or other supporters (collectively and individually, the "Recorder") intend to take photographs, motion pictures and/or sound recordings ("the recordings") for use in connection with fundraising and publicity purposes. In consideration of my participation and appearance in the Event, I hereby authorize Operation Gratitude and Recorder to record my name, image, voice and performance on film, tape or otherwise for use in connection with the foregoing purposes. I agree that the Recordings may be edited as desired and used in whole or in part for any and all broadcasting, audio-visual, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world. No excerpts, including my name, voice, likeness or statements will be used for any other purpose. The recordings may be broadcast by means of television, radio, and/or internet and distributed and exhibited by such other methods or means, whether now known or hereafter devised, as Operation Gratitude may from time to time elect, in perpetuity. I understand that I have no rights to the Event or any benefits derived there from.

I consent to the use of my name, likeness, voice and biographical material about me in connection with promotion of Operation Gratitude and/or the Event. I represent that I have the right to enter into this Agreement and that my performance and the rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity.

I understand that the Operation Gratitude care package assembly Event is being held on private property and that I will be packing boxes of goods to send to U.S. Military members, their families, Veterans and First Responders.. I freely and voluntarily assume the risk of any and all injuries or property damage or loss that may occur within or on any portion of these premises, including the parking lot and/or other Event locations.

Further, I release and forever discharge Operation Gratitude, the owners of the property, all Board members, employees, volunteers, agents, associates and all others for any and all claims, causes of action, demands, damages, or costs I now have, or in the future may have for personal injuries or property damage or loss (including attorney fees) resulting from my visits to the premises, or the parking lot and/or other Event locations.

I agree to fully and completely indemnify, defend, and hold harmless Operation Gratitude, its Board members, employees, agents, representatives, volunteers, associates and all others from and against any and all damages, injuries, claims, losses, liabilities, costs and expenses (including attorney's fees) arising from or in any way related to my entry on these premises, including the parking lot and/or other Event locations.

I understand and expressly waive all rights under California Civil Code section 1542 (or comparable statutes in other states): "A general release does not extend to claims that the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

I have read and understand this Waiver and Release of Liability. I further understand that this contract is legally binding, applies to all visits to Event sites, and that by signing below, I am giving up any right to sue or collect money damages for any injuries or property damage or loss I may sustain in visiting the premises or other Event sites.

Participants must be at least 12 years old; if under the age of 18 this Release must be co-signed by a parent or legal guardian; if 12-16, an adult must remain on premises with the minor participant at all times. This Agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by the parties in writing.

Participant's Signature: _____ Date: _____ New Volunteer? _____ (Yes /No)

Print Name: _____ Birth Mo/Day: _____ Email Address: _____

Street address: _____ City, State, Zip: _____ Military Affiliation: _____

Cell: _____ On our Email List? _____ If not, may we add your email to our List? YES No (Circle one)

Name of Employer/Company: _____ Name of School _____

Name & Cell of Emergency Contact: _____ Official ID (Driver's License or School) _____

PARENTS/GUARDIANS TO SIGN: I represent that **I am the Parent or Guardian** of the person for whom I am co-signing.

Signature: _____ Relationship: _____ Date: _____

Print Name: _____ Email Address: _____

Cell Phone: _____ Employer: _____

Name & Cell of Alternative Emergency Contact: _____ Official ID: _____