**Grace Horizons’ Ministries Consent, Release, Hold Harmless &**

**Authorization To Produce Physical Likeness**

As used below, “GRACE HORIZONS” shall mean Grace Horizons Inc., an Indiana 501 (c) (3) non-profit organization, and its officers, directors, employees, assigns, and agents (including any third party designated and approved by GRACE HORIZONS at any time), including, without limitation, individuals or entities involved in print, publication, television, broadcast, or video media. As used below, “participant” shall mean any volunteer or other individual involved in a GRACE HORIZONS event. In consideration of the acceptance of my participation in any GRACE HORIZONS outreach, meeting or event (collectively, the “Event”), I agree to the following:

I hereby grant to GRACE HORIZONS the right to photograph and/or videotape me during my participation in an Event. I further grant to GRACE HORIZONS, forever and throughout the world, the right to use these photographs and videotapes of my likeness, voice and sounds during my participation, and my name, likeness and biography, as GRACE HORIZONS may desire, in all media and in all forms and for all lawful purposes, without further compensation to me or any limitation whatsoever. In granting this license, I understand that GRACE HORIZONS is not under any obligation to exercise any of its rights, licenses or privileges herein granted. Each such photograph and videotape shall be a work for hire and GRACE HORIZONS shall be deemed the owner of any copyright and/or trademark rights therein (and all applications, registrations and renewals resulting therefrom). If, however, the work is deemed not to be a work made for hire by a court of competent jurisdiction, then this Consent and Release To Produce Physical Likeness (“Release”) shall constitute an irrevocable assignment by the Participant of the worldwide copyright in the work to GRACE HORIZONS.

The undersigned being fully cognizant of the risks in participating in an Event, hereby assumes the risk of bodily injury (including, without limitation, death) and property damage, inherent in such participation. Except to the extent due to the gross negligence or willful misconduct of GRACE HORIZONS, to the fullest extent permitted by applicable laws, I hereby waive any claims or causes of action which I may now or hereafter have against GRACE HORIZONS arising out of my participation, and I will indemnify and hold harmless GRACE HORIZONS against any and all claims resulting from such participation.

I hereby release GRACE HORIZONS and its respective successors, affiliates, licensees and assigns from all claims, demands, liabilities, damages, costs and expenses (including, without limitation, attorneys’ and other professional fees and expenses) that I may now or hereafter have against GRACE HORIZONS arising in connection with my participation in the Event and GRACE HORIZONS’ exercise of rights hereby granted, including, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever.

In the event I should sustain injuries or illness while involved in an Event, I hereby authorize GRACE HORIZONS to administer, or cause to be administered, such first aid or other treatments and medications I may bring as may be necessary under the circumstances, to include treatment by a physician or hospital of GRACE HORIZONS’ choice.

This Release shall be binding upon my heirs, personal representatives and assigns, and shall be governed by and construed under the laws of the State of Indiana. This Release constitutes the entire agreement among the parties hereto with respect to the subject matter of this Release and supersedes any and all previous agreements among the parties, whether written or oral, with respect to the subject matter.

I understand that this form involves a release of legal rights.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2/12/2022