



**PHOTO AND LIABILITY / MEDICAL RELEASES**

**Photo Release and Waiver:**

The organizers of this event intend to have photographers on hand that will be photographing many of the various events throughout the launch. It is the intent of the organization to take and use these pictures to memorialize the event. The photos will not be used for commercial purposes. I understand that as a participant in this event, there is likelihood that my photo may be taken and used by this organization in its promotional materials. I give my permission for such use.

I, \_\_\_\_\_ understand and hereby give my permission to publish pictures of myself taken during this event.

Dated: \_\_\_\_\_

**Liability/Medical Release:**

I acknowledge and fully understand that the activities associated with the launching of rockets and associated activities involve risks of serious injury, including permanent disability and death, and severe losses which might result not only from the actions, inaction, or negligence of participants, but also the actions, inaction or negligence of others, or the conditions of the weather, the environment, or of any equipment used. I assume all of those risks and accept personal responsibility for the losses and damages following such injury, permanent disability or death. I release, waive, discharge and covenant not to sue each and every of the coordinators, sponsors, partners, and friends of the SARA Anniversary Launch, Southern Arizona Rocketry Association Section #545 of the National Association of Rocketry and the National Association of Rocketry and their officers, directors, agents and employees, and all other participants, all of whom are referred to as "releasees," from any and all liability to myself, my heirs and my personal representatives for any and all claims, demands, losses or damages caused or alleged to be caused in whole or in part by negligence of the releasees or otherwise. Should the need arise, I authorize the organizers of the SARA Anniversary launch to obtain for me and consent to the administration of emergency medical treatment.

I understand and agree to the above,

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_