



NATIONAL HEADQUARTERS
MARINE CORPS HISTORICAL ASSOCIATION
463 WEST SECOND AVE., COLVILLE WA 99114

LIABILITY RELEASE FORM

KNOW ALL MEN BY THESE PRESENT: That, I, _____,
for and in consideration of the opportunity to participate in the activities of the Marine Corps Historical Association. I, for myself, my heirs, assigns, and legal representatives hereby for ever release, waive, discharge, acquit, and agree to hold harmless the United States of America, its departments, agencies, armed services, and all officers, employees and agents thereof, and/or the Marine Corps Historical Association, its officers, directors, employees and agents thereof, from any and all claims, demands, suits, actions, or causes of action, of whatever kind or nature, whether in law or in equity, known or unknown, which have arisen or may hereafter arise, on account of injury to person, damage to property, or death, occurring from, due to, or in any way connected with my participation in the activities of the Marine Corps Historical Association whether caused by the negligence of the Releasees or otherwise.

I hereby assume full responsibility for the risks of bodily injury, death, or property damage, foreseen or unforeseen, which may attend my participation in the activities of the Marine Corps Historical Association and expressly agree that this release, waiver, and assumption of risk agreement is intended to be as broad and inclusive as permitted by the laws of the State of _____, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I hereby grant the Marine Corps Historical Association, its agents or associates permission to use my likeness in a photograph, or video, in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the Marine Corps Historical Association and will not be returned. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

LEGAL SIGNATURE

ADDRESS

CITY, STATE, ZIP + 4

NOTARY STATEMENT

STATE OF _____)

COUNTY OF _____) ss.:

I, _____, do hereby certify that I am a duly commissioned, qualified, and authorized notary public in and for the _____; that _____, grantor, in the foregoing Liability Release hereunto annexed, who is personally well known to me as the person who executed the foregoing Liability Release, appeared before me this day within the territorial limits of my authority, and being first duly sworn, acknowledged that he/she executed said instrument after the contents thereof had been read and duly explained to him/her, and that such execution was his/her free and voluntary act and deed for the uses and purposes therein set forth.

In witness whereof, I have hereunto set my hand and affixed my official seal this _____ day of _____, 20 ____.

[SEAL]

SIGNATURE OF NOTARY PUBLIC

My Commission Expires _____