

# OASIS LIABILITY WAIVER AND PUBLICITY RELEASE

This liability waiver and publicity release for

\_\_\_\_\_, an individual residing at

\_\_\_\_\_  
(referred below as Participant) hereby consents, agrees, and provides permission to the Organization for the Advancement of and Services to Individuals with Special needs (OASIS) LLC. (a Limited Liability Corporation and registered in the State of Maryland) and the Organization for the Advancement of and Services to Individuals with Special needs (OASIS) Inc. (a Corporation registered in the State of Maryland) to voluntarily participate in farm, business services, and other activities organized by OASIS LLC. and/or its affiliates, subsidiaries, partners, and agents.

In exchange for OASIS LLC. and OASIS Inc. allowing the Participant to participate in activities organized by OASIS LLC. and OASIS Inc., it is hereby agreed that the Participant, and Participant's heirs, estate, insurers, and assigns, and all persons claiming on behalf or for or through Participant to:

- Waive and fully release OASIS, its staff, Officers, Board members, Volunteers, Partners, Agents (OASIS Representatives) from any and all damages, injuries (including death), claims, lawsuits, expenses (including Attorney fees), and/or liabilities (claims) by, to, of or related to Participant or Participant's participation in the Activities
- Indemnify OASIS Inc. and OASIS LLC. Representatives from and against any claim relating to Participant's participation in OASIS LLC. and OASIS Inc. activities, and
- Grant OASIS Inc. and OASIS LLC. And any third-party contracted by OASIS the worldwide right in perpetuity, without compensation, to use Participant's image or likeness for any lawful purpose
- Participant agrees to take responsibility and perform the follow-up actions necessary in case the Participant's actions cause injury to others or property damage.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A LEGAL DOCUMENT THAT WAIVES LEGAL LIABILITY AND PROVIDES PUBLICITY RELEASE AND INDEMNIFICATION. I SIGN IT KNOWINGLY AND VOLUNTARILY.

*Note: This form is signed by the Participant or someone authorized to sign on behalf of the participant (such as a parent or caregiver) if the Participant is a minor or unable to sign or not legally competent to sign.*

Date:

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

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

Address: \_\_\_\_\_

Organization for the **Advancement of and Services to Individuals with Special needs (OASIS)**