

**Restore Or Retreat  
Fourchon Terraces and Living Shoreline Project  
December 5th, 6th and 7th , 2024**

**Please choose one or more of the following options**

**Circle one: December 5th, 2024    December 6th, 2024    December 7th, 2024**

**RELEASE AND WAIVER**

I \_\_\_\_\_ (**PRINT NAME**) , hereby fully release, discharge, indemnify and hold harmless Restore or Retreat, Inc. (henceforth RoR) , its Executive director, its officers, commissioners, members, directors, agents, employees, insurers, reinsurers and subcontractors from and against any and all suits, claims, causes of action, damages, consequential damages, penalties, liability, losses, costs, attorney’s fees, and expenses of any kind, whether known or unknown, in any way arising out of or related to the RoR volunteer program event occurring in, around, and near Fourchon. LA on December 5th, 6th and 7th of 2024

I hereby further accept the mode of transportation selected by RoR. I understand, acknowledge, and agree that I am being asked to waive and I do hereby waive any and all substantive rights that I may have as a result of personal injuries, property damage or death that may result from my participation to the RoR volunteer program event occurring in, around, and near Fourchon, LA on December 5th, 6th and 7th of 2024..

I further understand that I waive all claims and release RoR and any other sponsoring non-profit or government agency from any use of my photograph or name. I hereby consent to the photographing of myself and the recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and video footage to reproduce and use such photographs and recordings of my voice, for use in all domestic and foreign markets including the Internet.

**Agreed to and Accepted this \_\_\_\_\_ day of \_\_\_\_\_, 2024**

**By: \_\_\_\_\_ (Participant Signature)**

**City/State: \_\_\_\_\_**

**Email Address: \_\_\_\_\_**

**Emergency Contact \_\_\_\_\_**