

# Liability Release Form

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

**To:** Code Adventure

**Event or Activity:** 3-day summer technology camp in Lehi, UT.

**Participant Full Name (print):** \_\_\_\_\_

I completely understand and realize that participation in the above-mentioned event or activity could include actions or tasks which might be dangerous or hazardous to me.

By signing below, I agree to the fact that participation can cause any harm or injury to me. I release the organization or businesses named above from all liability, costs, and damages which could arise from participation in the above-named event or activity. I agree to accept financial responsibility for the costs related to this emergency treatment and give my confirmation of the same by signing this document. With my signature below, I grant permission for myself (or my child) to be photographed, or their images recorded for print or electronic use in promoting Code Adventure's services.

<b>Signature of participant (if 18 or older):</b>	<b>Date:</b> ___/___/2024
<b>Name of Parent or Guardian (print):</b>	<b>Date:</b> ___/___/2024
<b>Signature of Parent or Guardian:</b>	<b>Date:</b> ___/___/2024