

Liability Release, Hold Harmless Agreement & Photography Release

NPAIHB Event

Event Name: THRIVE Conference

Event Dates: June 22-26, 2026

Event Lead Name, Title, and Email Address:

Colbie Caughlan, THRIVE & TOR Project Director, ccaughlan@npaihb.org, THRIVE@npaihb.org

Participant Information

Participant First and Last Name: _____

Participant Date of Birth (MM/DD/YYYY): _____

Legal Guardian Information (If Participant is a Minor)

Legal Guardian First and Last Name: _____

Legal Guardian's Relationship to Participant: _____

Legal Guardian's Mobile Number: _____

WHEREAS, I, Participant, have permission to participate fully and/or if Participant is a minor, has my permission, as the Participant's Legal Guardian, to participate fully in any provided activities and services of the NPAIHB Event referenced above, NPAIHB agents, owners, members, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf, including businesses, sublessors, agencies, and vendors. The Participant, and Participant's Legal Guardian, agree to abide by all rules, policies, and guidelines set forth by NPAIHB for NPAIHB Event; and

WHEREAS, I, Participant, or Legal Guardian acknowledges that the Participant does not have any physical limitations, medical ailments, or physical or mental disabilities that would limit or prevent the Participant from participating in the NPAIHB Event; and

WHEREAS, I, Participant, or Legal Guardian, understand that participating in the NPAIHB Event and/or related activities involves certain risks. The risk of harm may be mitigated to the greatest possible extent by all the safety equipment and/or a trained guide, but risk/harm can never be fully eliminated. I, Participant, or Legal Guardian, understand and acknowledge that Participants' or Legal Guardian's failure to use or properly use safety equipment or failure to follow instructions may increase the risk of injury and/or harm; and

WHEREAS, I, Participant, or Legal Guardian, understand and acknowledge that the Participant and Legal Guardian are assuming fully the risk of illness and/or injury through the Participant's participation in NPAIHB Event. I, Participant, or Legal Guardian, assume all risks and hazards incidental to such participation; and

WHEREAS, I, Participant, or Legal Guardian, hereby release, indemnify, and hold harmless NPAIHB, their owners, agents, members, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf, with respect to injury, disability or death, or loss or damage to person or property whether arising from negligence or otherwise, to the fullest extent permitted by law; and

WHEREAS, I, Participant, or Legal Guardian, in the event of an emergency, accident or illness, authorize NPAIHB and its employees/agents to administer emergency medical care to Participant and/or if deemed necessary, to secure emergency medical transportation and services. Any expenses incurred as a result are Participant's and/or Legal Guardian's full responsibility and not that of NPAIHB; and

WHEREAS, I, Participant, or Legal Guardian, understand and acknowledge that NPAIHB and/or NPAIHB employees, agents, volunteers, etc. are not trained medical professionals and shall hold harmless NPAIHB and NPAIHB employees, agents, volunteers, etc. for any injury and/or damage resulting from the rendering of temporary, immediate, and/or basic first aid; and

WHEREAS, I, Participant, or Legal Guardian, understand and acknowledge that as a participant of the NPAIHB Event, Participant may be featured by NPAIHB in communication and outreach, including social media and press releases; and

BE IT FURTHER RESOLVED, I, Participant, or Legal Guardian, hereby grant NPAIHB permission to use the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed, and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I, Participant, or Legal Guardian waive any right to royalties or other compensation arising or related to the use of my image or recording. All statements, photographs, and/or audio or video recordings taken of me by NPAIHB or its employees, agents, volunteers, etc. shall be the sole property of NPAIHB. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.



Emergency Contact:

The following individual is my emergency contact. In case of emergency, the Northwest Portland Area Indian Health Board may contact:

Emergency Contact First and Last Name: _____

Relationship to Emergency Contact: _____

Emergency Contact Mobile Number: _____

Signature

By signing this freely and willingly, I acknowledge and agree that I have read this Liability Release, Hold Harmless Agreement & Photography Release, fully understand the terms, understand that I waive any rights.

Participants First and Last Name: _____

Participants Signature: _____

Date: _____

For Minor Participants

Legal Guardian First and Last Name: _____

Legal Guardian Signature: _____

Date: _____