

## **FIX-IT CLINIC RELEASE OF LIABILITY and WAIVER**

Thank you for participating in this Fix-It Clinic, Mankato. Fix-It Clinic services are provided free of charge through volunteers.

Fix-It Clinic, Mankato its agents or volunteers cannot guarantee the integrity, usability, safety or effectiveness of repairs undertaken at the Fix-It Clinic.

Neither Fix-It Clinic, Mankato nor agents or volunteers accept any liability for any damage or injury to person or property resulting from the use of item(s) repaired or being repaired.

In consideration of being allowed to participate in the Fix-It Clinic at no cost to me, I hereby waive, release and forever discharge Fix-It Clinic, Mankato its agents or volunteers, and any others acting on its behalf from any and all liability from damages or injuries of any kind to my property, anyone else's property, or to me or any other person, in my party or otherwise, as a result of my participation in the Fix-It Clinic.

**PHOTO RELEASE** By signing below, I hereby grant permission to Fix-It Clinic, Mankato its agents or volunteers to use photographs and/or video of me taken during the Fix-It Clinic in publications, news releases, online, and in other communications related to the mission of Fix-It Clinic, Mankato.

My signature below additionally consents to the use of any photographs and/or video of any minors who may have accompanied me.

**I HAVE READ THE FIX-IT CLINIC RELEASE OF LIABILITY DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number or Email: \_\_\_\_\_

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Phone Number or Email: \_\_\_\_\_



## **FREE FIX+IT CLINICS**

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Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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