



**LISTEN FOUNDATION**  
HELPING CHILDREN HEAR, LISTEN, **TALK**

**Cochlear Implant Family Camp  
Family Waiver and Release Form**

I, the undersigned, agree to indemnify, release and hold harmless the Listen Foundation located at 6950 E. Belleview Ave, Greenwood Village, CO 80111 and its officers, agents, volunteers or employees for any and all claims, or liability for personal injury or property damage, that I may suffer while participating in Cochlear Implant Family Camp, including but not limited to demands, costs and expenses, including reasonable attorney's fees, to any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I am voluntarily participating in the camp and I am participating in the activity entirely at my own risk.

The undersigned also agrees that photographs, video, or motion pictures may be taken of any and all family members while in attendance at the camp, and said photographs, video or motion pictures may be published in newspapers, magazines, television, print ads, or other media (including social media) at the discretion of the Listen Foundation.

I acknowledge that I have carefully read this "waiver and release" and fully understand it is a release of liability. I further certify that I am the parent or guardian of the named minors listed below and give my consent without reservation to the foregoing on behalf of them.

Each Adult Participant:

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Participant's Address:

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Signatures & Date:

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Minor Participants :

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