



LightHouse for the Blind & Visually Impaired

WAIVER OF LIABILITY & RELEASE

(Please note: All signatures and initials must be handwritten in ink)

This Waiver of Liability and Release must be initialed after each section and signed by anyone receiving services from the Lighthouse for the Blind & Visually Impaired (Lighthouse) at the following locations: 214 Van Ness, LightHouse of Marin, LightHouse of the North Coast, Enchanted Hills Camp, LightHouse Industries, in the community, client's home and workplace, as well as, while being transported in a vehicle provided or procured by the Lighthouse. Participation in services is prohibited unless this form has been signed and returned by the individual receiving services or participating in LightHouse programs is "Active." If more than a year passes without activity in ANY LightHouse program or service, a new Waiver MUST be signed.

- 1) I am in satisfactory physical, mental and emotional condition and may engage in all activities associated with the services I am receiving at my own risk, except those listed in number 7 below. At any time that I am receiving services provided by the Lighthouse, I hereby consent to any medical and/or other treatment as may be considered necessary by a qualified physician, nurse, or designated Lighthouse staff member. In case of emergency, permission is given to designated Lighthouse staff to contact emergency medical services and/or secure treatment for the undersigned.

Initials

2) I hereby state, that even with the best optical correction that I am:

- A. Visually impaired (visual acuity between 20/40 and 20/200) and have a vision loss that significantly limits one or more life functions.
- B. Legally blind (Visual acuity of 20/200 or less in best corrected eye, or visual field of 20 degrees or less).
- C. Totally blind or nearly-totally blind (Visual acuity of "hand motions," "light perception," or "no light perception.")

I understand and accept the Lighthouse reserves the right to require documentation of my vision loss if the Lighthouse staff determines such information is considered necessary for assessment and/or the provision of services/training.

Initials

3) I hereby waive any and all claims that I or my heirs may have against the Lighthouse, its Directors, Officers, Employees, Independent Contractors, Volunteers, and/or Agents for any injuries or property damage which may arise while I am receiving Lighthouse services, including transportation provided or procured by the Lighthouse, at or while en route to any of the locations referenced above in paragraph 1. I acknowledge that this waiver includes any claims for personal injuries or property damage caused by or arising out of the **negligence** of Lighthouse or its Directors, Officers, Employees, Independent Contractors, Volunteers, and/or Agents.

Initials

- 4) A major objective of the Lighthouse is to educate the public about blindness. To accomplish this, the Lighthouse frequently sends press releases and photographs to the media (newspapers, radio, television and the internet). It is the right of the individual whether or not to consent to the use of her/his photograph and/or name for the above publicity purposes. I hereby authorize the Lighthouse to use any photographs taken at the Lighthouse of me and/or my property. Yes/No
- 5) I hereby authorize the Lighthouse to use my voice or written communications for publication, fundraising and advocacy purposes. Yes/No
- 6) Are there any medical, mental or emotional conditions and/or medications the Lighthouse should be aware of during your participation in programs/services with the Lighthouse? If so, please explain.
- 7) Exceptions or specifications regarding any of the above:
I understand this Waiver of Liability and Release constitutes the entire understanding between the parties referenced herein with respect to matters set forth herein. There are no oral representations, arrangements or agreements between the parties referenced herein other than those contained verbatim in the Waiver of Liability and Release.

Initials

This Waiver of Liability and Release shall be interpreted in accordance with and governed by the laws of the state of California.

Date

Consumer Name (Print or Enter here)

Consumer Signature (Must be Hand Signed)

Parent/Guardian (Print or Enter here)
(Required if consumer is under 18 years old)

Parent/Guardian Signature (Must be Hand Signed)