EMPOWERING TCs

Accident Waiver, Release of Liability, Photo/Release Form & Email Consent Form

Event: 2027 Empower TC Conference

Date: February 5-7, 2027

Organizer: Empowering TCs, including its parents, subsidiaries, affiliates, officers, directors, members, managers, employees, volunteers, contractors, agents, successors, and assigns (hereinafter collectively referred to as the “Organizer”).

Location: St. Petersburg Women’s Club at 40 Snell Isle Blvd NE, St. Petersburg, FL 33704

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault. Additionally, I understand and acknowledge that participation in the Event and any related activities, Also, including, but not limited to, sessions, exhibitions, receptions, off-site events, travel to and from venues, and use of facilities, may involve inherent and other risks, hazards, and dangers that could result in property damage, illness, or personal injury. I further acknowledge that I am voluntarily participating and that I am solely responsible for assessing my own ability to participate and for any medical, dietary, accessibility, or other needs I may have.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors and Organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Organizers and the activity holders, sponsors, and volunteers.
INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons

mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of released parties or otherwise.

By signing this agreement, I acknowledge that the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infection by COVID-19 at the event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Organizers, and program participants and their families. I hereby release, covenant not to sue, discharge, and hold harmless Empowering TCs, its employees agents and representatives of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Empowering TCs, its employees, agents and representatives, whether a COVID-19 infection occurs before, during or after participation in any program.

I acknowledge that the Organizers are NOT responsible for the errors, omissions, acts or failures to act of any party or entity conducting a specific activity on their behalf.

I authorize the Organizer to secure or provide medical assistance, first aid, or emergency medical care that may be deemed necessary for me during the Event and agree to be responsible for any related costs. I release the Organizer from any liability for the good-faith provision of such assistance.

I agree to comply with all Event rules, codes of conduct, venue policies, instructions of Organizer, and applicable laws and regulations, including any health and safety protocols in effect at the time of the Event. The Organizer reserves the right to deny or revoke access to any person who does not comply.

I understand while participating in this activity, I may be photographed or videotaped. I grant and authorize Empowering TCs and activity holders, sponsors, organizers and assigns, the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for legally promotional materials or materials to be marketed/sold, including, but not limited to, downloadable, recordings, videos, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites, and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. I waive any right of inspection or approval and any claims based on rights of publicity, privacy, or moral rights, to the extent permitted by applicable law. If I do not wish to be recorded, I understand it is my responsibility to inform the photographer/videographer at the time and to avoid areas where filming/photography is taking place; however, I acknowledge that incidental capture may still occur. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing by contacting the Empowering TCs at info@empoweringtcs.com.

By checking the box below and signing this form, I consent to receive marketing and informational emails from vendors, exhibitors, sponsors, and partners associated with the Event ("Vendors") using the email address I provide to the Organizer. I understand that: (a) my contact information may be shared with Vendors for this purpose; (b) I may withdraw my consent at any time by using the unsubscribe link in Vendor emails or by contacting the Empowering TCs at the Organizer Email, after which my information will not be shared with additional Vendors for marketing purposes; and (c) withdrawal of consent does not affect the lawfulness of communications sent before my withdrawal.

This consent is separate from, and in addition to, any communications I may receive from the Organizer. My consent will remain in effect until withdrawn.

I acknowledge that the Organizer will process my personal data for Event administration, safety, and communications, and, if I check the box below, for sharing with Vendors for their email communications. I understand that I can request access to or deletion of my personal data, or exercise other applicable rights, by contacting the Empowering TCs via the Organizer Email.

The Accident Waiver, Release of Liability, Photo/Release Form & Email Consent Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

This form shall be governed by the laws of the State of Florida, without regard to its conflicts of law rules. Any dispute arising out of or relating to this form or the Event shall be brought exclusively in the state or federal courts located in the State of Florida in Pinellas County, and the parties consent to such jurisdiction and venue. If any provision is held invalid or unenforceable, it shall be severed and the remainder shall continue in full force and effect. This form constitutes the entire agreement regarding the subject matter and supersedes any prior understandings relating thereto. No oral modifications are binding. I understand that nothing in this form waives rights that cannot be waived under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.