Department of Human Participatory Studies.

Liability Release Form

Research Branch

Study 001: 'Spontaneous Activities"

Experiment 1: 'Duct Tape"

Name:	Kalen LeBlanc
Date:	2/18/24
Locatio	n:

1. Release of Liability for Experiment 001:

I, <u>Kalty</u>, will herby be referred to as Person A. In consideration of my participation in the above-named activity, do hereby release, waive, and discharge The Department of Human Participatory Studies, its officers, agents, employees, and representatives from any and all liability, claims, demands, actions, and causes of action whatsoever directly or indirectly arising out of or related to any loss, damage, injury, or death that may be sustained by me related to Experiment 001 while participating in such activity, or while in, on, or around the premises where the activity is being conducted, even if such harm is caused by the negligence of the hosts, their employees, or volunteers.

2. Consent to Be Documented and Photographed:

I understand that during the course of my participation in Experiment 001, I may be photographed or recorded on video. I hereby consent to the use of these photographs and/or videos without compensation, on the Department of Human Participatory Studies' website, in promotional materials, and in any other manner or media, including for commercial purposes. I release the Department of Human Participatory Studies and its representatives from any and all liability which may arise from the use of such photographs and/or videos.

3. Requirement to Provide Feedback:

I agree that as a participant in Experiment 001, I will provide timely and constructive feedback about my experience at the conclusion of the activity. I understand that this feedback is required and is essential for the improvement of future activities. I agree to complete any feedback forms honestly and to the best of my ability.

Acknowledgment and Agreement:

I have read this release of liability and consent form, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature for this to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant's Signature: Hally Loblanc	Date: <u>2/18/202</u> 9	
If the participant is under 18 years of age, a parent or leg	al guardian must also sign:	
Parent/Guardian's Signature:	Date:	