



WAIVER AND RELEASE OF LIABILITY

DESCRIPTION OF ROLE

This waiver is for participants in Empower Idaho's Idaho Mental Health Month Art Exhibition. ARTWORK RELEASE

- I hereby authorize Empower Idaho and Jannus, Inc., to share the artwork and/or information about me and my journey that I have sent to them as it pertains to the Idaho Mental Health Month art display project.
- I further acknowledge that my participation is voluntary and that I will not receive financial compensation for the displaying of my art.
- I understand that Empower Idaho will not have financial gains from the use of my art, but will use my art to bolster awareness about mental health.
- I acknowledge that I will not send original art pieces to Empower Idaho, but will send scans, images, and recordings of my pieces.
- I acknowledge that Empower Idaho will be displaying my art and story, if provided, at an art display event, and potentially online through social media channels, to promote the values of behavioral health resiliency.
- I hereby release Jannus, its programs, contractors, employees and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

RELATIONSHIP, WAIVER OF LIABILITY and INDEMNIFICATION

I understand my role is not an employee, partner, agent, representative or contractor of Jannus, Inc. under federal, state and or local law or regulations. I understand and agree that I am donating my time for altruistic reasons: (i) I have no expectation of any compensation, pay, fee or benefits for services; and (ii) I am not entitled to wages or employee benefits to which Jannus employees are entitled.

SIGNATURE of PARTICIPANT

I certify that I have reviewed and understand this entire document and all information is true and correct.

Signature:	Date:
Printed Name:	
Address:	
SIGNATURE of PARENT, GUARDIAN OR LEGALLY RESPONSIBLE ADULT IF PARTICIPANT IS	
UNDER 18	
I certify that I have reviewed and understand this entire document and am signing on behalf of the above named minor as noted above for whom I am legally responsible.	
Signature:	Date:
Printed Name:	
Address:	