



## RELEASE OF CLAIMS

*Please read and initial the following:*

Fax Completed Release of Claims forms to  
**(509) 747-0077**

Or mail to

**Leadership Spokane**

801 W. Riverside Avenue, Suite 220  
Spokane, WA 99201

leadership@leadershipspokane.org

I \_\_\_\_\_, hereby make this release  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, as a candidate for the  
Leadership Spokane program.

Whereas, I am a candidate for admission and seeking voluntary participation in the Leadership Spokane Class of 2011 program, I hereby release and discharge Leadership Spokane and Greater Spokane Incorporated and its affiliates, their agents, employees, officers and trustees from all claims, demands, actions, judgments and executions which the undersigned ever had, or now has, or may have, or which the undersigned's heirs, executors, administrator, or assigns may have, or claim to have, against the above-mentioned entity and persons, or their successors or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or resulting from, my participation in the Leadership Spokane program.

I hereby consent to and authorize the use and reproduction, in print or electronic format by Leadership Spokane, my photograph and testimonial. I understand there will be no compensation to me. I affirmatively release and discharge Leadership Spokane from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos.

I, the undersigned, have read this release in its entirety and understand all its terms. I execute it voluntarily and with complete knowledge of its significance.

It witness where, I have executed this release at \_\_\_\_\_, Washington, on the  
day and year first above written.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness