



# VOLUNTEER WAIVER

## COMMUNITY CONNECT DAY 2019

### ASSUMPTION OF RISKS, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

BY SIGNING THIS DOCUMENT, YOU WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

**PLEASE READ CAREFULLY.**

**INITIAL HERE:** \_\_\_\_\_

**TO:** The Nelson Committee on Homelessness *and all its participating and member organizations, the City of Nelson, School District 8, Wildflower School* and any individual, corporation, association, institution, or organization that is associated with **Community Connect Day 2019** as an organizer, promoter, participating volunteer, volunteer service provider, sponsor or advertiser and the respective agents, officials, officers and employees of all of the aforesaid; (hereafter all collectively referred to as the "Event Partners")

#### ASSUMPTION OF RISKS

By signing below, I warrant that I am fit to safely participate in any and all activities I am involved in during the course of **Community Connect Day 2019** (hereafter referred to as the "Event"). I am aware that my participation and involvement in the Event may expose me to some unexpected levels of risk, dangers or hazards, including risk of personal injury, property damage and loss resulting therefrom. Such risks, dangers and hazards, given the nature of the Event, may be outside of the scope of an expected or reasonable level of risk that a volunteer or volunteer service provider may be subject to in the course of participating in an event.

By signing below, I freely and fully agree to assume any and all of these risks, dangers and hazards, even if caused by the negligence of the Event Partners, including the failure of the Event Partners to protect and safeguard me from the risks, dangers and hazards and the possibility of any personal injury, death, property damage and loss resulting therefrom.

#### RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY

In consideration of the Event Partners permitting me to participate in the Event, by signing below I hereby release, waive and forever discharge the Event Partners of and from any and all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of injury, death, loss or damage to my person or property that I may suffer, or that any other person, entity or representative may suffer resulting therefrom, however caused, arising directly or indirectly by reason of my participation in the Event, whether prior to, during or subsequent to the Event, and notwithstanding that same may have been contributed to or caused by the negligence of any of the Event Partners.

I agree to hold and save harmless and to indemnify the Event Partners from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with, my participation in the Event.





## PHOTO RELEASE FORM

I, \_\_\_\_\_ agree

(PRINT FULL NAME)

that NCOH's COMMUNITY CONNECT DAY 2019 may take photographs of me and make other forms of recordings containing images and/or sounds of me participating in the 2019 COMMUNITY CONNECT DAY and may make use of and publish all such photos and recordings in any way it may wish, for non-commercial purposes, in recording or publishing information about or publicizing Community Connect Day, without any further consideration or compensation of any kind to me.

PHOTO SUBJECT'S NAME (Print)

\_\_\_\_\_

### CONTACT INFORMATION:

Email \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_