

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.

This assumption of risks, release, waiver and indemnity shall be governed by and interpreted solely in accordance with the laws of the BRITISH COLUMBIA and any litigation in respect thereof shall be brought solely within the exclusive jurisdiction of the Courts of the BRITISH COLUMBIA.

FURTHER VOLUNTEER ACKNOWLEDGMENTS

- I acknowledge that as a volunteer, I am not covered under any Workers' Compensation Plan by Nelson CARES for this event.
- As a volunteer, I agree to carry out my assigned volunteer tasks in a reasonable and safe manner.
- As a volunteer service provider, I agree to provide my services in a reasonable and safe manner.
- The personal information on this form will only be collected and shared under the authority of the Freedom of Information and Protection of Privacy Act (FOIP). The purpose of collecting this information includes:
 - determining eligibility for volunteer opportunities, programs, services, and recognition;
 - determining eligibility and opportunities for volunteer services and recognition;
 - to facilitate the Event registration process;
 - o to administer and evaluate volunteers, service providers and tasks, and
 - for purposes of any insurance coverage.

Name of Witness (please print)

This information may be shared with other volunteers, personnel of the Event Partners and insurer of Nelson CARES only insofar as it is necessary to plan and implement Community Connect Day 2019.

If you have any questions regarding the collection of information, please contact Rebecca Martin, Community Coordinator, Nelson Committee on Homelessness at ncoh@nelsoncares.ca or 250-352-6011 x5266 or at 521 Vernon Street, Nelson BC V1L 4E9. **INITIAL HERE:** By signing below, I acknowledge having read, understood and agreed to the above assumption of risks, release, waiver, indemnity and acknowledgements. I further agree that everything I have provided herein and agreed to contained herein shall bind my estate and personal representatives. Date: Day/ Month/ Year Name of Volunteer (please print) **Signature** of Volunteer ☐ Not applicable Name of Organization or Business, if any, that you are representing at Connect Day

Signature of Witness



PHOTO RELEASE FORM

l _I	agree
(PRINT FULL NAME)	
that NCOH's COMMUNITY CONNEC	T 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 a	
publish all such photos and recording	
for non-commercial purposes, in reco	3 .
information about or publicizing Cor	
without any further consideration or	compensation of any kind
to me.	
PHOTO SUBJECT'S NAME (Print)	
CONTACT INFORMATION:	
Email	Phone:
Address:	
SIGNATURE:	DATE: