

Individual Adult Volunteer Release Form 2019

Today's Date: _____ Project Name: _____

Name: _____ Birthday Date: _____ Phone: _____

Address: _____ Email Address: _____

Emergency Contact: _____ Relation: _____

Emergency Phone : _____ Alt Phone: _____

Please note any medical conditions (asthma, allergies, heart condition, etc.): _____

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

This Release and Waiver of Liability (the "Release") executed in favor of the following 501(c)3 nonprofit corporations and their directors, officers, employees, and agents: Sequim Community Church, Dungeness Community Church, Congregation of YeHoVaH, Calvary Chapel of Sequim, Olympic Bible Fellowship, Independent Bible Church, Calvary Community Church and Habitat for Humanity of Clallam County. This association of nonprofit corporations is for the purpose of a community service event occurring during April 2019 and will hereafter be referred to as the "Olympic Peninsula Beautiful Day Association".

I, desire to work as a volunteer for the Beautiful Day event and engage in the activities related to being a volunteer (the "Activities"). I understand that the Activities may include but not limited to constructing and rehabilitating residential buildings, outside landscape maintenance, providing labor and services to other entities and all other endeavors held in conjunction with the Beautiful Day event.

I hereby freely, voluntarily, and without duress executes this Release under the following terms: Release and Waiver. I hereby release and forever discharge and hold harmless any named nonprofit corporation of the Olympic Peninsula Beautiful Day Association and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with the Beautiful Day event.

I understand that this Release discharges all named nonprofit corporations of the Olympic Peninsula Beautiful Day Association from any liability or claim that I may have against them with respect to any bodily injury, personal injury, illness, death or property damage that may result from my Activities with The Beautiful Day event, whether caused by the negligence of a named nonprofit corporation of the Olympic Peninsula Beautiful Day Association or its officers, directors, employees, or agents or otherwise. I also understand that the Olympic Peninsula Beautiful Day Association does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment. I hereby release and forever discharge the Olympic Peninsula Beautiful Day Association from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my Activities with the Beautiful Day event.

Assumption of the Risk. I understand that the Activities included work that may be hazardous to me, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. I hereby expressly and specifically assume the risk of injury or harm in the Activities and releases the Olympic Peninsula Beautiful Day Association from all liability for injury, illness, death or property damage resulting from the Activities.

Insurance. I understand that, except as otherwise agreed to by one or more of the above named nonprofit corporations in writing; These associated nonprofit corporations do not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release. I hereby grant and convey that unto the Olympic Peninsula Beautiful Day Association all right, title, and interest in any and all photographic images and video or audio recordings made by the Olympic Peninsula Beautiful Day Association during my Activities with the Beautiful Day event, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Washington, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

Participant Signature (must be over 18 years of age)

Date

Print Participant Name