Release and Waiver of Liability for an Adult (18 yrs and older)

Please read carefully. This is a legal document that affects your legal rights.

PLEASE PRINT LEGIBLY

Name: _____ Birth date: _____

Address: _____

Street *City* *State* *Zip Code*

Home or Cell Phone: (____)_____Work Phone: ( )_____

E-mail address (Please Print):_____

Emergency Contact Name:_____ Emergency Phone No. (___)_____

Medical Information (allergies, etc.): _____

This Release and Waiver of Liability (the Release) executed on this _____ day of _____, 20_____, by _____ (the Volunteer) in favor of DDD, a nonprofit corporation, their directors, officers, employees, volunteers and agents (collectively, DDD).

The Volunteer desires to work as a volunteer for DDD and engage in the activities related to being a volunteer (the Activities).

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

RELEASE AND WAIVER Volunteer does hereby release and forever discharge and hold harmless DDD and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer Activities with DDD. Volunteer understands that this Release discharges DDD from any liability or claim that the Volunteer may have against DDD with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer s Activities with DDD, whether caused by the negligence of DDD or its officers, directors, employees, or agents or otherwise. Volunteer also understands that DDD 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 death.

MEDICAL TREATMENT Volunteer does hereby release and forever discharge DDD from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteers Activities with DDD.

ASSUMPTION OF RISK Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases DDD from all liability for injury, illness, death, or property damage resulting from the Activities.

INSURANCE The Volunteer understands that, except as otherwise agreed to by DDD in writing, DDD does 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 Volunteer does hereby grant and convey unto DDD all right, title and interest in any and all photographic images and video or audio recordings made by DDD during the Volunteer's Activities with DDD, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

OTHER Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Kansas, and th at this Release shall be governed by and interpreted in accordance with the laws of the State of Kansas.

Volunteer agrees 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.

The Volunteer acknowledges with the signature below that they have received safety information, have read it, and understand its contents.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Signature of Participant: Date:_____

Signature of Witness: Date:_____

May we contact you in the future with other DDD events and volunteer opportunities? ☐ Yes ☐ No