



PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

As a volunteer, I expect to be assigned to perform tasks that make use of my talents, skills, training, experience and ability. I understand that these tasks may involve some risk and I assume responsibility for all risks I undertake. I have been provided with volunteer guidelines, orientation and/or training, I agree to follow the guidelines and use the techniques and procedures suggested.

In consideration of Community Partners fbo Community Without Walls, its project partners and sponsors, their agents, officers, volunteers, participants, and all other persons acting in any capacity on their behalf, I hereby agree to release, indemnify and discharge said organizations of liability for any and all injuries sustained while I am a spectator or participate in this event. I am over the age of 18. (If under the age of 18, I must have a parent/guardian sign below.)

Signature of volunteer (adult or minor)

Print name (adult or minor)

Date

PARENT'S OR GUARDIAN'S INDEMNIFICATION FOR MINOR CHILD

In consideration of _____ (print minor's name) being permitted to participate in this volunteer event and activities, I agree to indemnify and hold harmless Community Partners fbo Community Without Walls, and its project partners and sponsors, their agents, officers, volunteers, participants, and all other persons acting in any capacity on their behalf from any and all claims which are brought by or on behalf of minor, and which are in any way connected with such participation by minor.

In addition, in consideration of and in connection with the above, and in my absence having entrusted the Minor named above into the care of Community Partners fbo Community Without Walls, and its officers and volunteers. I hereby authorize such caring adults to consent to: any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision, and the advice of, a physician/surgeon/dentist licensed under the provisions of the Medical Practice Act/Dental Practice Act. Whether on any occasion such consent is rendered to any such medical or dental attention, it is to be considered within the above provisions and limitations, under the same kinds of circumstances within the full discretion, and in the course of the same kind of responsible deliberations as I as such minor's parent/guardian would have to consider it. I assume full financial responsibility should any cost be incurred.

I have read the foregoing Agreement and Release and I hereby give my express consent to the execution of this agreement and release and I will not revoke my consent.

Signature of parent or guardian

Print name of parent or guardian

Date

PARTICIPANT RELEASE AND AUTHORIZATION FOR USE OF IMAGE

Community Without Walls, a project of Community Partners, may participate in videotaping, still photography or audio recording, web page, broadcasting, and/or publication which may involve the use of participant's likenesses or voices. Such productions will be used for non-commercial, educational, promotion, advertising or other purposes and will not be sold.

I understand that my likeness/voice, and that of my minor child listed above may be used in the manner described above, and grant Community Partners fbo Community Without Walls the right to use and reuse, in any manner at all, the video, audio recording, web page, or still photograph productions, broadcasts or publications as described above. I hereby forever release and discharge Community Partners fbo Community Without Walls from any and all claims, actions, and demands arising out of or in connection with the abovementioned items and any and all claims for invasion of privacy or libel. I represent that I have read the foregoing and fully and completely understand the contents hereof.

Signature of participant (adult or minor)

Print name (adult or minor)

Date

Signature of parent or guardian

Print name of guardian

Date

Emergency Contact Name: _____ Phone #: _____