

VOLUNTEER TEAM MEMBER RELEASE OF LIABILITY

- read before signing -

In consideration of being allowed to participate in any way with Everlasting Marks, the undersigned acknowledges and agrees that:

I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release Everlasting Marks and hereby indemnify and hold harmless, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and property owners of locations programs/events are held ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property incident to my involvement or participation in these programs, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I understand I may be working with a variety of construction tools, including the potential use of power tools. I understand the risk of injury, up to and including permanent disability and death, involved in these activities. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my participation.

If during the participation in Everlasting Marks activities, the participant should need emergency medical treatment, and I (the parent/guardian or adult participant) am not able to give consent or make arrangements for that treatment, I authorize Everlasting Marks to take whatever measures necessary to protect the participant's health and well-being, including if necessary, transportation from scene by local fire department or ambulance service to an appropriate facility determined by transporting personnel.

I agree to conduct myself appropriately at all times and to follow all rules set forth for participation. If I, at any time, do not feel I am able or willing to participate I will remove myself from participation and notify the nearest Everlasting Marks Board Member or Employee immediately of my concerns. Moreover, if I do not act appropriately or do not follow the rules set forth, I may be removed from participation.

I have read this release of liability and assumption of risk agreement. I fully understand its terms. I understand that I have given up substantial rights by signing it, and sign it freely and voluntarily.

Emergency Contact _____ Relationship _____

Phone _____ Medical Concerns / Allergies _____

Print Name _____

Signature _____ Date Signed: _____

fax signed waiver to 480.505.3318 / email to volunteer@everlastingmarks.org / bring day of event/build

MUST HAVE WAIVER TO PARTICIPATE