



Participant Waiver & Release Form

ALL PARTICIPANTS MUST COMPLETE & SIGN THE WAIVER & RELEASE FORM

This Participant Waiver & Release Form ("Release") is entered into on _____ (date)
between Love Your Neighbor ("LYN") and the Participant (referred to as "I", "me", or "my") named below:

Participant Name: _____

Address: _____

Phone: _____ **Email:** _____

Check here if Participant is under age 18

Parent or Legal Guardian Phone & Email (required if Participant is under age 18) _____

PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED IF PARTICIPANT IS UNDER AGE 18

I desire to work as a volunteer for LYN and engage in the activities related to being a volunteer. I understand that this is a volunteer position and that no compensation is expected in return for services provided.

- Waiver and Release:** I release, forever discharge and hold harmless LYN 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 my participation in volunteer activities. I understand and acknowledge that this Release discharges LYN from any liability or claim that I may have against LYN with respect to bodily injury, personal injury, illness, death or property damage that may result from participating in the program.
- Assumption of Risk:** I understand that participation may include activities that require physical labor, transportation, or include circumstances that may result in personal injuries, and that participation carries inherent risks. I hereby assume all responsibility for any and all risk of injury or harm that I may sustain while participating in any voluntary effort, including use of LYN tools and/or equipment, and release LYN from all liability.
- Medical Treatment:** I hereby release and forever discharge LYN from any claim whatsoever which arises or may hereafter arise on account of any first-aid, treatment, or other medical services rendered in connection with my participation in the program.
- Insurance:** I understand that LYN does not carry insurance of any kind for my benefit. LYN does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of LYN beyond what may be offered freely in the event of injury or medical expenses.
- Photo Release:** I grant and convey to LYN all right, title and interests in all photographs, images, video or audio recordings of me or my likeness or voice made by LYN in connection with my volunteer participation.
 If this box is checked, I do not grant the releases contained in this Section 5 only for the Photo Release.
- Other:** As a participant, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Colorado and that this Release shall be governed by and interpreted in accordance with the laws of the State of Colorado. I agree that in the event any clause or provision of this Release is deemed invalid, the remaining provisions shall remain in full force and effect.

I have read this form, understand its contents and am freely, voluntarily and willingly signing this Release.

PARTICIPANT:

PARENT/LEGAL GUARDIAN (if under 18):
