2017 FDRD Volunteer Release of Liability

THIS IS A LEGAL CONTRACT WITH LEGAL CONSEQUENCES, PLEASE READ CAREFULLY.

I,	sorder that could prevent me from the sold and that I will be working with PATING IN AN EVENT OF THIS lake include, by way of example sickness, dehydration, injuries remployees or directors or any afformation, I understand that emerge applicable rules for volunteers was not participate in the project, and anizations, as well as their resping out of damage, loss, or injury the thing the sentatives, and insurers. I grame project, and I waive any right in AND FULLY UNDERSTAND ITS CE, AND A CONTRACT BETWEEN	e, my parent or guardice, my parent or guardice on working safely as an other participants who the participants who the participants who the participant of the esulting from heavy labeliated organization responded for other good and participant of the proadly construed for the proadly construction for succompensation for succompensation for succonstruction.	an must also sign this Relea volunteer. I realize that my o may not be accustomed to LY ASSUME ALL THE RISKS of following: rock fall, rock about or trail tools, falling tree consible for these or other had be readily available. I will am. In return for my receivel valuable consideration, I fors, employees, and agents or to my property, from what the benefit of the released insoring organizations permit use.	se of Liability) and in good participation in an FDRD this kind of labor. I FULLY ASSOCIATED WITH SUCH and snow slides, lightning, as and aggressive wildlife; azards. Because the work I follow all directions from ing permission from FDRD ally release and indemnify, from all liability, claims, atever cause, as a result of a parties and to be binding ission to use my image in DF LIABILITY, A WAIVER OF
Name Volunteer (printed)	Signature o	f Volunteer	dated	
IF VOL	UNTEER IS UNDER 18, PARENT (OR GUARDIAN MUST RE	EAD AND SIGN BELOW	
I am the parent or legal guardian of the nalso consent to his or her participation in the Name of Parent or Guardian (printed	he activities referred to above.	ility, which I have read. I c	consent to its terms on behalf or	f the above named minor and
Participant Contact Info	·			
•				\neg
Mailing Address				
City, State, Zip				
Home Phone				
Email				
EMERGENCY CONTACT Name				
Relationship				
Phone Number				
ALLERGIES:		MEDICATIONS:		