



## Volunteer Release and Waiver of Liability

Volunteer Name:

Date of Birth:

Phone Number:

Email Address:

Emergency Contact (Name/Phone Number):

I, \_\_\_\_\_, (the "Volunteer") agree to serve as a volunteer for Stages Northwest, Inc., an Oregon corporation ("SNW"), to assist SNW in the setting up and breaking down of event staging and related activities. In exchange for being allowed to volunteer for SNW and for other good and valuable consideration, the receipt and sufficiency of which I acknowledge, I hereby voluntarily execute this Volunteer Release and Waiver of Liability (this "Waiver") under the following terms:

I understand that my time volunteering for SNW may include various activities that may be hazardous to me, and I hereby expressly and specifically assume the risk of injury or harm in these activities and release SNW from all liability for injury, illness, death, or property damage arising or resulting from my activities while volunteering for SNW, including any losses, damages, demands and expenses associated therewith.

I hereby agree to release, indemnify, defend and hold harmless SNW and its officers, directors, employees and agents from any and all claims, liability, losses, damages, judgments or expenses of all kinds and nature, foreseen or unforeseen, including attorneys' fees, that may arise out of or result from, directly or indirectly from my volunteering for SNW.

I understand that this Waiver discharges SNW from any liability or claim that I, the Volunteer, may have against SNW with respect to bodily injury, personal injury, illness, death, or property damage that may arise out of or result from my volunteering for SNW. I also fully understand that SNW does not assume any responsibility for or obligation to provide financial assistance, including medical, workers' compensation, health or disability insurance, in the event of injury, illness, death or property damage.

I hereby give consent and authority to SNW to obtain medical treatment on my behalf if I am injured or require medical attention during my time volunteering for SNW. I understand and agree that I am solely responsible for all costs related to such medical treatment and/or medical transportation. I hereby release SNW from any claim whatsoever which arises or may arise in the future on account of any such treatment, transportation or other medical services that are conducted during my time with SNW.

I understand and agree that as a volunteer for SNW, I may be photographed and/or videotaped by SNW for internal and/or promotional use. I hereby grant and convey to SNW all right, title, and interest in any and all such photographs or recordings, and consent to SNW's use of my name, image, likeness, and voice in perpetuity, in any medium or format, for any publicity without further compensation or permission.

I hereby agree that this Waiver represents the full understanding between SNW and me and supersedes all other prior agreements, both written and oral, between us, with respect to the subject matter hereof. I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Oregon, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Oregon. I agree that in the event that any clause or provision of this Waiver 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 Waiver, which shall continue to be enforceable. This Waiver is binding on my heirs, executors, administrators, legal representatives and successors.

**BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS WAIVER AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE SNW.**

Volunteer Signature (or Parent/Guardian Signature if volunteer is a minor):

By:

Date: