

**CHELAN DOUGLAS LAND TRUST EVENT/VOLUNTEER ACKNOWLEDGMENT**

**WAIVER & RELEASE FROM LIABILITY**

<b>Volunteer info</b>	
<b>(please fill out form completely)</b>	
<b>Name</b>	<b>Address</b>
<b>Phone</b>	<b>Email</b>

**ALL VOLUNTEERS MUST READ AND SIGN. PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY.**

I accept and clearly understand that there are inherent and other risks involved in performing physical activities of any nature. I certify that I am physically fit for the event s and volunteer opportunities sought (collectively the "Activities" and individually a "Activity") and have not been advised by a physician to refrain from engaging in such activities. I confirm that I have the requisite skill set to competently and safely perform the Activities. If at any time I feel that the Activity which I am performing is beyond my skill set I certify that I will immediately cease performing the Activity and notify the Chelan Douglas Land Trust through its board of directors, officers, managers, agents, employees or volunteer project manager, of such. I accept and acknowledge the risks involved in performing the Volunteer Activities and I knowingly and freely assume those risks.

In consideration of the opportunities to participate in event and/or serve as a volunteer for Chelan Douglas Land Trust, and the opportunities to participate in Activities, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim and/or sue on my behalf or on behalf of my heirs and assigns, and I expressly acknowledge that it is my intent to take these actions:

**(A) I WAIVE, RELEASE, AND DISCHARGE THE FOLLOWING PERSONS OR ENTITIES: CHELAN DOUGLAS LAND TRUST ITS BOARD OF DIRECTORS, OFFICERS, MANAGERS, AGENTS, EMPLOYEES, VOLUNTEERS, SUCCESSORS AND ASSIGNS (THE "CHELAN-DOUGLAS LAND TRUST") FROM ANY AND ALL CLAIMS, ALLEGATIONS, LOSSES, OR LIABILITIES FOR DEATH, PERSONAL INJURY, PARTIAL OR PERMANENT DISABILITY, LOST WAGES, PROPERTY DAMAGE, MEDICAL OR HOSPITAL BILLS, THEFT, OR DAMAGE OF ANY KIND, INCLUDING ECONOMIC LOSSES, WHICH MAY IN THE FUTURE ARISE OUT OF OR RELATE TO MY PARTICIPATION IN OR TRAVELING TO OR FROM ACTIVITIES, REGARDLESS IF SUCH DAMAGES OR INJURY IS DUE IN WHOLE OR IN PART TO THE NEGLIGENCE OF CHELAN DOUGLAS LAND TRUST;**

**(B) I WAIVE MY RIGHTS TO BRING AN ACTION AGAINST the Chelan-Douglas Land Trust, and/or any of the persons or entities mentioned above in paragraph (A), for any of the claims, losses, or liabilities that I have waived, released, or mentioned above in paragraph (A);**

**(C) I AGREE TO INDEMNIFY AND HOLD HARMLESS the Chelan-Douglas Land Trust, and/or any of the persons or entities mentioned above in paragraph (A) from any of the claims made or liabilities assessed against them as a result of my negligent actions or inactions.**

**I HEREBY CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.**

**Print Name**

<b>Signature</b>	<b>Date:</b>
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**CHELAN DOUGLAS LAND TRUST EVENT/VOLUNTEER ACKNOWLEDGMENT**

**WAIVER & RELEASE FROM LIABILITY**

**MINOR VOLUNTEER CONSENT**

Volunteer info (please fill out form completely)	
Name	Address
Phone	Email

For persons under 18 years of age, a parent or legal guardian must sign the above Chelan Douglas Land Trust Event/Volunteer Acknowledgment, Waiver and Release from Liability ("AWRL") and complete the following section.

I, the undersigned \_\_\_\_\_(parent/guardian) the parent and natural guardian of \_\_\_\_\_ (minor's name)(the "Minor"), hereby acknowledges that I have executed the foregoing AWRL for and on behalf of the Minor. I further represent that I have the legal capacity and authority to act for and on behalf of the Minor. As the natural or legal guardian of such Minor, I hereby:

1. Consent to the participation of the Minor in the Activities;
2. Affirm the warranties and representations set forth in the attached AWRL as to the Minor; and agree to bind myself, the Minor and our executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL, and
4. Agree to release and (i) defend or (ii) indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL from (a) any and all claims, losses, or liabilities for personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses, which may in the future arise out of or relate to the Minor's participation in or traveling to and from Activities and (b) any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the Minor in the execution of the foregoing AWRL or in the execution of this Consent. Whether I defend or indemnify and hold harmless such persons shall be determined in the sole discretion of the party entitled to such.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical Provider") to treat the Minor for the purpose of attempting treat or relieve any injuries received by said minor arising out of or relating to Activities. I authorize any such Medical Provider to perform all procedures seemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of the Minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and the Minor. I acknowledge no warranty is being made as to the results of any medical treatment. **NOTE: Parent/Guardian must also sign AWRL above.**

Print Parent/Guardian Name	Date
Signature of Parent/Guardian	Relationship to Minor