

Volunteer Name:				
Check here	if Volunteer is unde	r age 18.		
Contact Email:				
Cell Phone:	Do you text?			
		Fees/charges l	may apply)	
Address:				
(Street)	(City)	(State)	(Zip)	
Emergency Contact:				
Name:	Phone Numbe	er:		
Relationship to Part	ticipant:			

WAIVER AND RELEASE FORM & RELEASE OF LIABILITY

In return for being allowed to participate in the EggMyYard Annual Fundraiser and all related activities, the undersigned **Volunteer or Parent/Legal Guardian** of Volunteer (if Volunteer is under age 18) releases all liability and expressly waives any and all right to sue any Organizer(s) or Partner Organization(s) as for all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the EggMyYard Fundraiser Activities wherever, whenever, or however the same may occur.

I understand and agree that the Organizer(s) and Partner Organization(s) of EggMyYard are not responsible for any injury or property damage arising out of my participation, even if caused by their ordinary negligence or otherwise.

I understand that participation in the EggMyYard Fundraiser is voluntary and may involves certain risks, including, but not limited to serious injury and death. I am voluntarily participating in the EggMyYard Fundraiser with knowledge of the potential dangers involved and I agree to accept any and all risks of participation.

I also agree to indemnify and hold harmless any Organizer(s) or Partner Organization(s) for all claims arising out of my participation in the EggMyYard Fundraiser.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that neither the Organizer(s) nor Partner Organization(s) of the EggMyYard Fundraiser have arranged or carry insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in EggMyYard and release the Organizer(s) and/or Partner Organization(s) from any responsibility with regard to or accommodations for my physical impairments known or unknown.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Organizer(s) and Partner Organization(s) of the Annual EggMyYard Fundraiser.

With my signature below, I certify that I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

(Signature of Volunteer/Guardian)	(Printed Name of Volunteer/Guardian)	(Date)
t,, give the Or permission to use my name, likeness, image video recordings, audiotapes, digital images the Organizer(s) and Partner Organization(s) copyright, and may use them for any purpos EggMyYard Fundraiser. These uses include reprints, reproductions, publications, adverti- known or later developed, including the Inte	rganizer(s) and Partner Organization(s) to the Anr., voice, and/or appearance as such may be embod, and the like, taken or made on behalf of EggMy') have complete ownership of such pictures, etc., etc. on the consistent with the missions of the Partner Organization, bulletins, exhipsements, and any promotional or educational maternet. I acknowledge that I will not receive any conformation of the partner Organizer(s) and Partner Organization(s) of Eggle connected with such use.	ied in any pictures, photos, Yard activities. I agree that including the entire inization(s) and the ibitions, videotapes, erials in any medium now impensation, etc for the use
have read and understood this consent and	release.	
I give my consent to the Organizer(s) and P likeness to promote it/themselves and/or the	Partner Organization(s) of the EggMyYard Fundra ir activities.	iser to use my name and
(Signature of Volunteer/Guardian)	(Printed Name of Volunteer/Guardian)	(Date)
I do not give my consent to the Organizer(s) and likeness to promote it/themselves and/or	and Partner Organization(s) of the EggMyYard I their activities.	Fundraiser to use my name

(Printed Name of Volunteer/Guardian)

(Date)

(Signature of Volunteer/Guardian)