Ascend Wilderness Experience

VOLUNTEER WAIVER OF LIABILITY

420 Main St, Weaverville, CA 96093

Remember, safety is critical. **Outdoor labor carries inherent risks. Each volunteer is responsible for risks of the particular work required and of risks created by fellow volunteers. Each volunteer must at all times act in a safe and responsible manner.**

- The general tasks and corresponding safety measures have been explained to the undersigned, and he/she understands that it is their responsibility to follow safety procedures at all times. If a task or safety measure has not been satisfactorily explained, the undersigned understands that it is his/her responsibility to ask the project supervisor before undertaking that task.

- Ascend Wilderness Experience (AWE) does not provide workers' compensation coverage for volunteer projects. You must provide your own insurance and/or be responsible for injuries and medical bills which may be incurred from your activities. Youth under 18 years of age must have signed authorization from parents or legal guardians. Parents or legal guardians who are volunteering along with their children must accept responsibility for the safety and welfare of these children.

- The undersigned agrees and certifies that if they have personal medical coverage, they will use said insurance in the event of accident or injury, and further, they will give permission in the event of an emergency to have the necessary treatment administered at the discretion of the project supervisor.

- The undersigned gives permission to be photographed or videotaped in the program noted below without limitation (including public release) or consideration to AWE for use of photographs or videotapes in which he/she appears.

- The undersigned hereby agrees to hold AWE, its employees, agents, volunteers and/or sponsors free and harmless from any and all claims, demands, damages, costs, expenses, loss of service, action and causes of action resulting from the use of the facilities, equipment, photos, videos and participation in the below named project.

I do hereby certify that I have read, understand and agree to the above rules

Print Full Name: _____

Residential Address: _____

Phone _____

Signature: Date_____