



## MOUNT ARUKAH VOLUNTEER RELEASE OF LIABILITY

Due to the dangers of unsupervised child care on Mount Arukah workdays, we are obligated to announce that **no children under the age of 14 are allowed on Mount Arukah property**, despite being accompanied by a parent or guardian – unless with the expressed permission of The Executive Director. To that extent, minors must also be accompanied by an adult at all times, and must be willing to participate in work projects. Thank you for your understanding and cooperation.

### **PERSONAL INFORMATION (Please Print Legibly)**

Legal Name (First, MI, Last) \_\_\_\_\_ Today's Date \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### **ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

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I, \_\_\_\_\_ HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH BEING ON MOUNT ARUKAH'S PROPERTY, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, I have sufficiently prepared or trained for participation in this activity on this property, and have been advised to seek a qualified medical professional if I am having health issues. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

**(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Mount Arukah and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers; I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for serious injury, property loss, and death. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers. I agree to only participate in projects using tools or equipment I'm versed,**



trained or certified to use. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

**(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE** the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

**(C) I understand while participating in this activity, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.**

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____	_____	_____	_____
Participant's Signature	Date	Participant's Name (Please print legibly.)	Age

_____	_____
Parent/Guardian Signature	Date
(If under 18 years old, Parent or Guardian must also sign.)	

*Thank you for being a part of The Demand Project's Restoration Department at Mount Arukah! We appreciate your time, efforts, and resources as we strive to make these houses homes for victims of human trafficking.*

