

VOLUNTEERS FOR OUTDOOR ARIZONA (VOAz) PROJECT SIGN IN AND WAIVER  
**TO BE COMPLETED & SIGNED BY ALL VOLUNTEERS**

**Project/ Event:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

Print **FIRST NAME** \_\_\_\_\_ Print **LAST NAME** \_\_\_\_\_

Email: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

If you were registered for this event by another, please tell us who that was \_\_\_\_\_

For multi-day events only: I will participate on these days: \_\_\_\_\_

For your protection, VOAz does not create new volunteer records based on this waiver. Please go [www.voaz.org](http://www.voaz.org) at your earliest convenience, create a personal account, and use that account to register for VOAz events in the future.

**WAIVER AND RELEASE AGREEMENT - This is a release of liability. Please read carefully before signing.**

In return for receiving permission from Dorothy Garske Center (DGC) & Volunteers for Outdoor Arizona (VOAz) allowing me to participate as a volunteer in the project event named at the top of this form, I agree to assume all risks of loss and injury that may arise out of my participation and I agree to waive any and all claims against DGC, VOAz, and the other parties described herein or supporting this project.

I hereby release and agree to indemnify and hold harmless DGC, VOAz, project participants, and anyone else involved with this project and their respective agents, representatives, officers, employees, successors, assigns and insurers, hereinafter referred to collectively as "the Released Parties", from any and all liability, claims, demands or actions or causes of action whatsoever, arising of damage, loss or injury to my person or property, whether anticipated or unanticipated, while participating in any of the activities contemplated by this agreement, whether such damage, loss, or injury results from the negligence of the Released Parties, their respective agents, officers, employees, successors, assigns and insurers or from some other cause. This release and agreement shall be binding upon me, my heirs, successors, assigns, administrators and executors.

I expressly acknowledge, represent and agree that expressly identifying and explicitly naming the respective agents, representatives, officers, employees, successors, assigns and insurers of the parties released, all of whom I intend to be released by this document, is a practical impossibility for the parties. I expressly acknowledge that, for good and valuable consideration, the terms "respective agents, representatives, officers, employees, successors, assigns, and insurers", however used in this Waiver and Release Agreement, are expressly and explicitly intended to include all and each and every individual, person, firm, entity and corporation who are now, or at any time may have been included in the specifically listed categories.

I grant DGC, VOAz and other project sponsors permission to use my image in photographic recordings of the project, and I waive any right to claim compensation in exchange for participating in the project.

***Read and initial these paragraphs***

\_\_\_\_\_ I grant DGC, VOAz and other project sponsors permission to use my image in **photographic recordings** of the project, and I waive any right to claim compensation in exchange for participating in the project.

\_\_\_\_\_ **Risks & Hazards** I have read and understand the VOA project description related to this project. I realize that participating in this project may involve risks and hazards, which may include, but are not limited to (1) the use of tools and other construction related equipment; (2) working around other participants who may not be accustomed to this type of labor or the tools and equipment associated with it; (3) working in mountainous, back country, or other urban or rural terrain that may be uneven, rocky, and otherwise hazardous; (4) other risks and hazards that may be described in the project description. I am aware of these and other risks and hazards inherent in participating in this project and hereby assume sole responsibility for all such risks and hazards.

**I agree to abide by the rules and regulations of VOA while participating in this project. I hereby acknowledge that I have read, understood, and voluntarily agreed to the above waiver and release agreement.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

A parent or guardian must sign below if volunteer is under 18 years of age:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_ Phone \_\_\_\_\_