

Emergency Contact

## nalaska Onalaska Alliance Volunteer Release and Waiver Form for Minors (ages 14-17)

| Mailing Address, City, State, Zip  Put me on the email list for Onalaska Alliance Event and Project updates  | Minor Volu   | unteer Name  |
|--|--------------|--|
| Email Put me on the email list for Onalaska Alliance Event and Project updates  yes  |              |  |
| Put me on the email list for Onalaska Alliance Event and Project updates  yes  | -            |  |
| This Minor Waiver of Liability (The "Waiver") executed on this   |              |  |
| 20 by (the "Volunteer") in favor of Onalaska Alliance, a non- profit corporation organized and existing under the law of the State of Washington, USA, and their directors, officers, employees or agents.  1. Waiver and Release 1. the Volunteer desire to work as a volunteer for Onalaska Alliance and engage in the activities related to being a volunteer for a work project. 1 understand and acknowledge that this Waiver discharges Onalaska Alliance from any liability or claim that I, the Volunteer, may have against Onalaska Alliance with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the Onalas Alliance worksite. I also understand that Onalaska Alliance does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limiting to medical, health or disability insurance, in the event of injury, illness, death or property damage.  2. Insurance 1, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of Onalaska Alliance beyond what may be offered freely by the representative of Onalaska Alliance in the event of such injury or medical expense.  3. Medical Treatment 1 hereby release and forever discharge Onalaska Alliance from any claim whatsoever which arises or may hereafter arise on account of first hand treatment or medical services rendered in connection with an energy during my time with Onalaska Alliance 4. Assumption of the Risk 1 understand that my time with Onalaska Alliance may include such activities that may be hazardous to me, including, but not limited to, construction activities, loading and unloading of heavy equipment, 1 hereby express and specifically assume the risk of injury or harm in these activities and release Onalaska Alliance from all liability for injury, illness, death, or property damage resulting from the activities with Onalaska Alliance.  5. Photographic Release 1 grant and convey to Onalaska Alliance all rig |              | · · · · · · · · · · · · · · · · · · ·  |
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| the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.   |              | ·  |
| Release which shall continue to be enforceable.  |              |  |
|  |              | •  |
| By signing below, I express my understanding and intent into enter to this Release and Waiver of liability willingly and voluntarily   |              | Release which shall continue to be enforceable.  |
|  | By signing b | pelow, I express my understanding and intent into enter to this Release and Waiver of liability willingly and voluntarily. |
| Name of Legal Guardian Name of dependent minor   | Name of L    | egal Guardian Name of dependent minor  |
| Signature of Legal Guardian Signature of Minor   | Signatura    | of Logal Guardian Signature of Minor   |

Relationship to Minor

Date



Print Volunteer's Name

## nalaska Onalaska Alliance Volunteer Release and Waiver of Liability

| Building Partnerships For Si<br>Volunteer Name | ustainable Community   |                              |                  |                                   |  |  |  |
|--|--|------------------------------|------------------|-----------------------------------|--|--|--|
| Mailing Address, City,                         | Sate 7in   |                              |                  | _                                 |  |  |  |
| Day Phone                                      |  | Evening                      |                  |                                   |  |  |  |
| Email  |  | Cell                         |                  |                                   |  |  |  |
|  | for Onalaska Alliance Event  |                              | ves              | no                                |  |  |  |
|  | (The "Waiver") executed on t   |                              |                  |                                   |  |  |  |
|  | (the "Volunteer")  |                              |                  | <del></del>                       |  |  |  |
|  | ized and existing under the la   |                              |                  |                                   |  |  |  |
| directors, officers, empl                      | •  |                              |                  |                                   |  |  |  |
| 1. Waiver a                                    | · -  |                              |                  |                                   |  |  |  |
|  | eer desire to work as a volun  | teer for Onalaska Allia      | nce and enga     | ge in the activities              |  |  |  |
|  | related to being a volunteer for a work project.   |                              |                  |                                   |  |  |  |
|  | I and acknowledge that this V  |                              | aska Alliance    | from any liability or             |  |  |  |
|  | claim that I, the Volunteer, may have against <b>Onalaska Alliance</b> with respect to bodily injury,  |                              |                  |                                   |  |  |  |
|  | ury, illness, death, or property   |                              | -                |                                   |  |  |  |
|  | rksite. I also understand that   | •                            | • •              | •                                 |  |  |  |
|  | to provide financial assistan  |                              |                  |                                   |  |  |  |
| health or dis                                  | health or disability insurance, in the event of injury, illness, death or property damage.   |                              |                  |                                   |  |  |  |
| 2. Insurance                                   | <u>e</u>   |                              |                  |                                   |  |  |  |
| I, the Volunt                                  | eer, understand that I expres  | sly waive any such clain     | n for compen     | sation or liability               |  |  |  |
| on the part o                                  | of <b>Onalaska Alliance</b> beyond   | what may be offered fr       | eely by the re   | presentative of                   |  |  |  |
| Onalaska A                                     | Iliance in the event of such i   | njury or medical expens      | e.               |                                   |  |  |  |
| 3. Medical T                                   | 3. Medical Treatment   |                              |                  |                                   |  |  |  |
| I hereby rele                                  | ease and forever discharge <b>O</b>  | nalaska Alliance from        | any claim wha    | atsoever which arises             |  |  |  |
| or may here                                    | or may hereafter arise on account of first hand treatment or medical services rendered in connection with an energy during my time with <b>Onalaska Alliance</b> . |                              |                  |                                   |  |  |  |
| with an ener                                   |  |                              |                  |                                   |  |  |  |
| 4. Assumpt                                     | ion of the Risk  |                              |                  |                                   |  |  |  |
| I understand                                   | I that my time with <b>Onalaska</b>  | Alliance may include s       | uch activities   | that may be hazardous             |  |  |  |
| to me, includ                                  | ding, but not limited to, constr   | ruction activities, loading  | g and unloadir   | ng of heavy equipment,            |  |  |  |
| I hereby exp                                   | ress and specifically assume   | the risk of injury or har    | m in these ac    | tivities and release              |  |  |  |
| Onalaska A                                     | Onalaska Alliance from all liability for injury, illness, death, or property damage resulting from the   |                              |                  |                                   |  |  |  |
| activities with                                | h <b>Onalaska Alliance.</b>  |                              |                  |                                   |  |  |  |
| <u>5. Photogra</u>                             | phic Release   |                              |                  |                                   |  |  |  |
| I grant and c                                  | convey to <b>Onalaska Alliance</b>   | all right, title, and intere | est in any and   | all photographic                  |  |  |  |
|  | eo or audio recordings made  | -                            |                  |                                   |  |  |  |
|  | cluding, but not limited to, any   |                              | other benefits   | s derived from such               |  |  |  |
|  | or recordings of me or my lil  | keness or voice.             |                  |                                   |  |  |  |
| 6. Other                                       |  |                              |                  |                                   |  |  |  |
|  | agree that this waiver is inten  |                              | =                | •                                 |  |  |  |
|  | Washington in the United Sta   |                              |                  | •                                 |  |  |  |
|  | n accordance with the laws o   |                              |                  |                                   |  |  |  |
| •  | or provision of this Waiver sha  |                              | -                | •                                 |  |  |  |
|  | of such clause or provision s  |                              | t the remainir   | ng provisions of this             |  |  |  |
| Release whi                                    | ch shall continue to be enfor  | ceable.                      |                  |                                   |  |  |  |
| By signing below, I express                    | s my understanding and intent in   | to enter to this Release and | d Waiver of liab | oility willingly and voluntarily. |  |  |  |
|  |  |                              |                  |                                   |  |  |  |
| volunieer Signature                            |  | ח                            | ate              |                                   |  |  |  |

Organization (if applicable)