

Project id, Inc.
Volunteer Waiver and Release of Liability

In consideration of the risk of injury while volunteering at the Project id, Inc. center, programming and activities, I hereby, for myself, heirs, executors, administrators or personal representatives, knowingly and voluntarily enter into this waiver and release liability and waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation as a volunteer in Project id, Inc activities and programming and do release and forever discharge Project id, Inc. located at 1412 W. Central Ave., Spokane, WA 99208, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives and assigns for any physical or psychological injury that I may suffer as a direct result of volunteering in the aforementioned activities and programming, including traveling to and from events related to Project id, Inc. programming and activities.

I am aware of the risks that may be associated with both this participation and travel to and from this programming. Nonetheless, I assume all related risks both known and unknown.

I agree to indemnify and to hold harmless Project id, Inc. against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney fees and any related costs. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Project id, Inc., its agents, employees and volunteers.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment.

In the event that any damage to equipment or facilities occurs as a result of my own, my family's, or my support system's neglect, recklessness or malicious intent, I acknowledge and agree to be held responsible and liable for any and all cost associated with these actions.

This agreement is entered into without duress or coercion.

I, _____, and Project id, Inc. agree that this agreement is clear and unambiguous in its terms.

In the event of an emergency, please contact the following person(s) in the order listed:

<u>Emergency Contact</u>	<u>Relationship</u>	<u>Telephone number</u>
_____	_____	_____
_____	_____	_____

In the event of an emergency requires medical intervention, contact and/or transport to the following medical person and/or facility:

<u>Physician</u>	<u>Address</u>	<u>Telephone number</u>
_____	_____	_____

Hospital/Emergency Facility of Preference _____

(please note that in life and death situations participant will be transported to the nearest facility)

Volunteer Name (please print): _____

Volunteer Address: _____

Volunteer Signature: _____

Date: _____

Parent/Guardian Waiver

In the event that the volunteer is under the age of consent or has been deemed in need of and appointed a guardian by a court of law, this release must be signed by that parent or guardian.

I hereby certify that I am the parent or guardian of _____ and do hereby give my consent to the above waiver and release of liability without reservation on behalf of this individual.

Parent/Guardian Name (please print): _____

Relationship to Participant: _____

Parent/Guardian Address: _____

Parent/Guardian Signature: _____