

DO NOT SIGN THE BOTTOM PORTION OF THIS APPLICATION UNTIL YOU ARRIVE ON DAY AND TIME OF VOLUNTEER SERVICE.

VOLUNTEER AGREEMENT AND RELEASE

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with the Lewiston/Niagara-on-the-Lake Rotary Club (herein named "Sponsor") and its partners. Thank you for choosing to participate in the activities at the Art of Ribs Festival in Lewiston, NY.

I certify that I am in good health and physically able to perform the tasks I agree to perform, and I acknowledge that I am engaging in this project at my own risk. If I suffer any accident or injury, I authorize any other participant in the Sponsor's activities to administer first aid, treatment or service to assist me. I understand that the aid, treatment or service, should it be provided, will be at my sole risk without any liability or risk to the Sponsor or the aid provider.

I understand that the Sponsor or other persons or entities may take photographs or create video or audio recordings of my activities with the Sponsor. I consent to grant and convey to the Sponsor in perpetuity all right, title and interest to any such photographs or recordings without royalty.

By my signature, or myself, my estate, and my heirs, I hereby release and discharge, and agree to forever hold harmless the Sponsor and its vendor partners, supervisors, officers, directors, agents, volunteers, servants and employees, from any all causes of action and damages arising from or relating to my participation in this project, and any travel associated therewith.

I hereby certify that I am at least 18 years old or I am the legal guardian of the participating minor listed below.

PRINT FULL NAME	
Signature	
Date	
Phone	
Email	
Date of Birth	
Name of Participating Minor	
PRINT FULL NAME OF GUARDIAN	
Signature of Guardian	