

Volunteer Waiver (youth)

Hands Across the Border Celebration June 11th, 2023

Important: Each volunteer must read and sign the "Release and Waiver of Liability" before volunteering for the Hands Across the Border. Please complete this form and hand it in to International Peace Arch Association (IPAA) staff members before you volunteer.

Waiver of Liability for Minors (ages 9-17)

This Waiver of Liability (the "Waiver") executed on this ____ day of _____, 2023, by _____ by the minor volunteer and his/her legal guardian _____ (the "Volunteer") in favor of the INTERNATIONAL PEACE ARCH ASSOCIATION, INC., a nonprofit corporation organized and existing under the laws of the State of Washington, USAA, and their directors, officers, employees, and agents (collectively, "IPAA").

I, the Minor, desires to work as a volunteer for the IPAA and engage in the activities related to being a volunteer for the annual Hands Across the Border Program including the pre-event/event/post event activities. I, the legal guardian _____, hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release.** The guardian and minor release and forever discharge and hold harmless the IPAA and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the minor's volunteer work at IPAA. The guardian/volunteer understands and acknowledges that this Release discharges IPAA from any liability or claim that guardian and minor may have against IPAA with respect of bodily injury, personal injury, illness, death, or property damage that may result from participation on the IPAA worksite. It is also understood that IPAA does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage
2. **Insurance.** The guardian and minor understand that we expressively waive any such claim for compensation or liability on the part of IPAA beyond what may be offered freely by the representative of IPAA in the event of such injury or medical expense.
3. **Medical Treatment.** The guardian and minor hereby release and forever discharge IPAA from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the minors time with IPAA.
4. **Assumption of Risk.** The guardian understands that the minors time with IPAA may include activities that may be hazardous to them including, but not limited to, activities, loading and unloading of event supplies, staffing event booths. As the guardian for the said minor I hereby expressly assume the risk of injury or harm in these activities and release IPAA from all liability for injury, illness, death or property damage resulting from the activities of the minors time volunteering for the IPAA.
5. **Photographic Release.** As the guardian of said minor I grant and convey unto IPAA all right, title, and interest in all photographic images and video or audio recordings made by IPAA while volunteering at the HATB event.
6. **Other.** As the volunteer I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Washington in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall no otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

To express my understanding of this Release, I sign here.

Name of Legal Guardian _____ Name of dependent/minor _____

Signature of Legal Guardian _____ Signature of Minor _____

Address/Phone number of Legal Guardian _____

Unit (scouting guiding or other) _____ Date _____

Emergency Contact Name _____ Phone number _____