

Volunteer Waiver (ADULT)
Hands Across the Border Celebration June 11th, 2023

Important: Each volunteer must read and sign the “Release and Waiver of Liability” before volunteering for Hands Across the Border. Please complete this form and hand it into International Peace Arch Association staff members before you volunteer.

This Waiver of Liability (the “Waiver”) executed on this ____ day of _____, 2023, _____ (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, IPAA, and their directors, officers, employees, and agents (collectively, “IPAA”).

I desire to work as a volunteer for the IPAA and engage in the activities related to volunteering for the annual Hands Across the Border (HATB) Program, including the pre-event/event/post-event activities. Therefore, I freely and voluntarily, without duress, execute this Waiver under the following terms:

1. Waiver and Release. Guardian and minor, release and forever discharge and hold harmless 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 my volunteer work with IPAA.

I understand and acknowledge that this Waiver discharges IPAA from any liability or claim that you may have against IPAA with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation at HATB. I also understand 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. I expressly 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. I 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 my time with IPAA.

4. Assumption of the Risk. I understand that my time with IPAA may include activities that may be hazardous to me, including, but not limited to, construction activities, but not limited to, activities, loading and unloading of event supplies, and staffing event booths. Accordingly, 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 my time with IPAA.

5. Photographic Release. I grant and convey unto IPAA all rights, title, and interest in any and all photographic images and video or audio recordings made by IPAA during my work for IPAA, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. I expressly agree that this Waiver 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 Waiver shall be governed by and interpreted in accordance with the laws of the State of Washington. I agree that if any clause or provision of this Waiver shall be held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

Volunteer's Signature

Date

Print Volunteer's Name (if applicable)

Street Address

City

State

Zip code