

West Bloomington Revitalization Project

Participant Waiver of Liability



This release and Waiver of Liability (the “Release”) executed on ___/___/___ by _____ (the “Participant”) in favor of the West Bloomington Revitalization Project, a non-profit organization it’s directors, board, employees, volunteers and agents (collectively, “WBRP”).

I understand that the activities and functions in which I participate may be considered (but do not have to be) of a volunteer nature. On behalf of myself, I waive all claims for damages, injuries and death sustained to me or my property that may result from my participation.

Release & Waiver: Participant understands that this release discharges WBRP from any liability or claim that the Participant may have against WBRP with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Participant’s activities with WBRP, whether caused by the negligence of WBRP or its board, directors, employees, or agents or otherwise. Participant also understands that WBRP 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 or illness.

Medical Treatment: Participant does hereby release and forever discharge WBRP from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Participant’s activities with WBRP.

Assumption of the Risk: The Participant understands that the activities include work that may be hazardous to the Participant, including but not limited to lifting, loading and unloading, and transportation to and from the other sites.

Participant hereby expressly and specifically assumes the risk of injury or harm in the activities and releases WBRP from all liability for injury, illness, death, or property damage resulting from the activities.

Insurance: The Participant understands that, except as otherwise agreed to by WBRP in writing; WBRP does not carry or maintain health, medical, or disability insurance for any Participant.

Each Participant is expected and encouraged to obtain his or her own medical or health insurance coverage.

IN WITNESS WHEREOF, Participant has executed this release as of the day and year first above written.

Participant Name (Please Print): _____

Participant Signature: _____

Today's Date: _____

Participant Address: _____

Phone number where you are most easy to reach: _____

Email: _____

******If the Participant is under the age of 18 a parent or legal guardian must sign.******

Parent Signature: _____ (If 18 or under)

In case of emergency, please contact:

Name: _____

Relation: _____

Address: _____

Phone: _____