

**VOLUNTEERS MUST COMPLETE THE WAIVER AND RELEASE FORM
PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED IF VOLUNTEER IS UNDER AGE 18**

Volunteer Name: _____

Is Volunteer under age 18: YES or NO (Parent/Legal Guardian Email required if Volunteer is under age 18):

Contact E-mail (required): _____

Address: _____ Phone: _____

Emergency Contact

Name: _____

Relationship to Participant: _____ Phone Number: _____

RELEASE & WAIVER / DISCLAIMER

I HEREBY ASSUME ALL OF THE RISKS OF ATTENDING BUCKET BRIGADE (HEREINAFTER “EVENT”), AND ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT I MAY SUSTAIN OR INCUR, IF ANY, AS A RESULT OF MY PARTICIPATION IN THE EVENT, INCLUDING ANY PORTION ALONG THE EMBARCADERO AND AT PIER 17. I HEREBY ASSUME ALL RISKS, WAIVE ALL CLAIMS, RELEASE, AND HOLD THE CONSULATE GENERAL OF SWITZERLAND IN SAN FRANCISCO AND ITS OFFICERS, DIRECTORS, PARTNERS, EMPLOYEES, REPRESENTATIVES, AGENTS AND/OR VOLUNTEERS (COLLECTIVELY “ORGANIZERS”) OF SAID EVENT, INDIVIDUALLY OR OTHERWISE, HARMLESS FROM ANY AND ALL CLAIMS FOR INJURIES AND DAMAGES.

I understand and agree that the Organizers are not responsible for any injury or property damage arising out of the event, even if caused by their ordinary negligence.

I understand that participation in the event involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the event with knowledge of the danger involved and I agree to accept all risks of participation.

I am fully aware and understand that the Organizers do not carry any insurance for my benefit to cover medical expenses, and it is recommended that I carry my own health insurance to cover costs incurred from medical care or treatment. 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.

I agree to indemnify and hold the Organizers harmless for all claims arising out of my participation in the event.

I understand this document is intended to be as broad and inclusive as permitted by the laws of the state in which the event takes place, and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I understand that this document is a contract which grants certain rights to and eliminates the liability of the Organizers.

(Signature of Volunteer) _____ **Date** _____

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.