

# SAMBICA VOLUNTEER WAIVER & RELEASE FROM LIABILITY

To be completed by participant who is over 18 years of age.

1. The undersigned Participant is voluntarily willing to take part in SAMBICA volunteer programs and all its associated activities, unless stated otherwise in writing to SAMBICA. This may include but is not limited to, all work project and leisure (boat, swimming, ropes) activities.
2. The Participant consents to be transported in a SAMBICA owned van or boat, with the understanding that all vessels will be driven by a trained and qualified SAMBICA staff members. SAMBICA staff members will use their best efforts to ensure that all participants adhere to safety rules (wearing of seat belts or life jackets at all times) while being transported in SAMBICA vessels.
3. The Participant releases the corporation of SAMBICA and its directors, officers, employees, agents and volunteers from and against any and all claims for personal injury, property damage and any other losses and damages that the Participant may suffer as a result of his/her participation in SAMBICA programs.
4. The Participant will defend, indemnify and hold SAMBICA, its directors, officers, employees, agents, and volunteers harmless from any and all third party claims, injuries, damages, losses or suits, including all legal costs and attorney fees, arising out of or in connection with the his/her participation in SAMBICA's programs, unless caused by SAMBICA's sole negligence. In any claim or lawsuit for damages arising from the Participant's participation in SAMBICA's programs, each party shall pay all its legal costs and attorney's fees incurred in defending or bringing that claim or lawsuit, including all appeals.
5. I understand that I may be undergoing physical exertion while participating in services and activities at or associated with SAMBICA and I certify that my level of physical fitness is sufficient for the activities in which I choose to take part. In acknowledging that I am aware of and willing to assume the risks associated with these activities and services, I hereby voluntarily agree to waive, hold harmless and indemnify SAMBICA and its agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my voluntary participation in services and activities at or associated with SAMBICA.

I HAVE READ THIS WAIVER AND RELEASE FROM LIABILITY AND CONSENT. I FULLY UNDERSTAND ITS TERMS AND THAT BY MY SIGNATURE I GIVE UP CERTAIN RIGHTS I MIGHT OTHERWISE HAVE UNDER LAW. I SIGN THIS DOCUMENT FREELY AND VOLUNTARILY, WITHOUT INDUCEMENT.

Participant Printed Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Required Participant Information:

Date of Birth: \_\_\_\_\_ Male / Female (*circle one*)

Please indicate emergency contact:

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Does the participant have any medical conditions (including recent surgery, pregnancy, healing fractures, back or neck injuries, heart condition, etc.) that would limit participation in the program?

Yes No (*circle one*)

If yes, please explain: \_\_\_\_\_

List any current medications: \_\_\_\_\_

List any allergies: \_\_\_\_\_