



VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

- I, _____, agree to volunteer for the Totally Tennyson dba Hoopla, Inc. event to be held April 29, 2017 along Tennyson Street from W 38th-W 46th Aves, from approximately 12:30 p.m. to 11 p.m., or April 30, 2017 from 9:30 a.m.-11 a.m. (times may vary).
- As a volunteer, I understand I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.
- I am aware that participation as a volunteer may require periods of standing, sitting or lifting and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
- As consideration for volunteering for Hoopla, Inc., I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue Hoopla, Inc. or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of Hoopla, Inc. as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE Hoopla, Inc. AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.
- I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY Hoopla, Inc.'s WORKERS' COMPENSATION PROGRAM. I authorize Hoopla, Inc. to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand I will be responsible for medical costs incurred by such accident, illness or injury.
- I do hereby certify to the best of my knowledge and belief I am in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood the undersigned will assume full responsibility for any such action, including payment of costs. I hereby advise the above named has had all the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none"). Please list any food or medicinal allergies here:

- I understand the materials and tools provided by Hoopla, Inc. are and remain the property of Hoopla, Inc., and I agree to return these tools and any remaining materials to Hoopla, Inc. at the end of my volunteer service.
- Alcohol may or will be served at this event. Businesses along Tennyson participating in Hoopla, Inc. will not serve alcohol to any guests or volunteers under the legal drinking age of 21. By signing this agreement, Hoopla, Inc. will be held harmless in the event the above named illegally obtains alcohol or becomes intoxicated. Underage drinking will not be tolerated.
- Transportation may be provided by a third party. By signing this agreement, Hoopla, Inc. will be held harmless in the event the above named is harmed in any manner through the transportation provided by the third party.
- I may use my personal vehicle to conduct business on behalf of Hoopla, Inc.. I affirm the insurance coverage on all personal vehicles I may drive while conducting business for Hoopla, Inc. meets the State of Colorado minimum requirements for insurance. I understand the State of Colorado may change minimum requirements at any time. In the event my insurance terminates or falls below the required minimums, I will immediately notify Hoopla, Inc. and will cease to use my personal vehicle to conduct business on behalf of Hoopla, Inc..
- Understanding public relations is an important part of a volunteer's activities on behalf of Hoopla, Inc.; I hereby authorize Hoopla, Inc. to use any photographs of me in its possession for public relations purposes. Notification to the above named is not a condition to release photographs for public relations purposes.
- I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Date _____ .Name of Volunteer _____ Signature _____

Emergency Contact Name, Relationship to Volunteer and Phone Number

If volunteer is under 18, a parent or legal guardian must provide his/her signature below.

**PARENT OR LEGAL GUARDIAN
(OF VOLUNTEERS UNDER AGE 18)**

As a parent or legal guardian of the above named volunteer, I hereby give consent for my child or dependent, as the case may be, to become a volunteer for Hoopla, Inc. as described above and, by the signature below, join in and agree to be bound by the terms and conditions of the release on the preceding page(s).

If volunteer is under 18 years of age, parent or guardian must read and sign the following:

- I understand and acknowledge that volunteering or performing at the event poses risks to the minor named above.
- I (we), as parent(s) or guardian(s) of the minor, do hereby, for the minor named above, myself, my heirs, executors and administrators, release and forever discharge Hoopla, Inc. and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation in the above noted event.
- This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Date _____ Parent or Guardian Signature _____ Please print name of Parent or Guardian _____