

Kaien Coastal Riders Volunteer Waiver

Volunteer's Release of Liability, Waiver of Claims, Medical Waiver, Assumptions of Risks and Indemnity and Image Consent

By signing this document, you will waive certain legal rights including the right to sue. Please read carefully.

Assumption of Risks

I AM AWARE THAT THERE IS POTENTIAL RISK FOR PERSONAL INJURY INVOLVED IN VOLUNTEERING. I freely accept and fully assume all such risks, dangers and hazards, including the possibility of personal injury (including but not limited to: bumps, bruises, cuts, scrapes, concussion, broken bones, infractions, abrasions, hypothermia, sunburn, death and/or property loss resulting from my participation in Kaien Coastal Riders and affiliated patterns' volunteering activities.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY

AGREEMENT In consideration of approval to participate in KCR activities, I hereby agree as follows:

_____ **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against Kaien Coastal Riders (KCR), it's directors, volunteers, representatives and partner organizations all of who are hereinafter collectively referred to as "The ReleaseEs";
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_____ **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury or expense I suffer, or my next of kin may suffer as a result of my participation in this activity due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE. I acknowledge my responsibility to ensure adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions;
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_____ **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any liability for any damage to property or, or personal injury to, any third party resulting from my participation in KCR activities;
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_____ This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity;
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_____ In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releases other than what is set forth in this Agreement;
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_____ I grant permission to KCR and/or their designates to proceed in any manner they deem necessary in the case of a medical emergency involving myself. I am releasing the right for this information to be shared with KCR volunteers, representatives, and/or medical staff who are in contact or responsible for my (or my child/ward's) participation in the KCR activity;
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PHOTO/VIDEO RELEASE

_____ KCR and/or their designates often take photographs/videos of volunteers and
Initial representatives while programs are operating. These pictures may be used for
promotional purposes, training and public education. I give my permission for
photographs/videos to be taken of myself/ my child/ward, and for these to be
subsequently published.

CONFIDENTIALITY

The volunteer will hold all of the confidential information that the volunteer receives in trust for the sole benefit of KCR and in strictest confidence; protect all of the confidential information from disclosure and will not take any action that could reasonably be expected to result in any of the confidential information losing its character as the confidential information, and will take all lawful action necessary to prevent any of the confidential information from losing its status as confidential information; and except as required in the course of performing volunteer duties and services hereunder, not: use, publish, disseminate or otherwise directly or indirectly disclose any of the confidential information to any third party; nor use the confidential information for any purpose.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT BELOW I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES

Name: _____
Signature: _____ Date: _____
Youth Volunteer Parental Guardian Consent Form
Name of youth: _____
Parent/Guardian Name: _____
Parent/Guardian Signature: _____ Date: _____

Thank you for volunteering! 😊