

Disability Awareness Walk 2019

VOLUNTEER WAIVER AND CONSENT

In consideration of being allowed to participate as a volunteer in the MS Center for Autism & Related Developmental Disabilities, The City of Biloxi and Biloxi Shuckers Disability Awareness Walk, "Walk Without Limits" ' on April 6, 2019 at 9:00 a.m. (the "Event"), to be held MGM Park, Biloxi, Mississippi,

I, _____, do hereby fully release

(Print name of Volunteer, The MS Center for Autism & Related Development Disabilities, The City of Biloxi and Biloxi Shuckers and their respective agents, directors, officers, employees, affiliates, members, trustees and assigns (the "Released Parties") from liability for any and all claims for injuries and/or damages to one's body (person) or property associated with my participation in the Event, currently planned to take place on April 6, 2019. Further, I will protect, indemnify, defend and hold harmless the Released Parties from and against all claims, liabilities, demands, causes of action and judgments on account of current or future damage to my body or property resulting from such participation.

I expressly intend that this Waiver and Release cover any and all injuries and damages of every kind, character or description sustained, whether they currently exist or arise in the future.

I am aware of and assume the inherent risk of injuries and/or damages associated with the above activity and related activities, and realize that I will participate in said activity at my own risk, ever aware of the risk and dangers involved. I understand that the Released Parties do not provide workers' compensation or medical insurance coverage to volunteers or reimburse volunteers' medical expenses. I nevertheless consent to any emergency medical treatment provided to me in the event of my injury or illness during or in connection with the Event and will be responsible for the cost thereof. I understand that my participation as a volunteer at the Event does not create an employment relationship between me and any of the Released Parties.

I understand that volunteering is a privilege, not a right, and that either of the Released Parties may take away the privilege of volunteering at any time.

I agree to allow my photograph, likeness and/or voice to appear in any media coverage of the Event without compensation or further notice to me.

I attest by my signature below that I have read and fully understand and that I agree to the above.

This the . day of _____, 2019.

Volunteer Name: _____ Date of Birth: _____

(SIGN)

Address: _____ SSN: _____

Phone No: _____ (work)
_____ (Home)

Employer or Volunteer Organization: _____

Supervisor (name of commanding officer if military): _____

Phone No.: _____