Note: Sections with \* are required. Sections with \*\* are required if the Volunteer is under 18 years old.

Volunteers Full Legal Name\*:

Check here if the Volunteer is under age 18\*\*

Contact Email\*:

Legal Guardian Email\*\*:

Address\*:

Phone\*:

# **Emergency Contact**

Name\*:

Relationship to Volunteer\*:

## Phone Number\*:

Check here to receive our charities monthly newsletter.

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



THE BLUE HAND GROUP INC2001122 #CFN/26274 ABN:9264 5501847

Website: www.thebluehandgroup.org Email: info@thebluehandgroup.org

#### WAIVER AND RELEASE FORM - RELEASE OF LIABILITY

In return for being allowed to participate in The Blue Hand Group Charity volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue The Blue Hand Group Charity or its officers, board members, directors, employees, sub-contractors, sponsors, charity partners, agents and affiliates ("the Charity") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the Charity is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise. I understand that participation in Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless the Charity for all claims arising out of my participation in the Volunteer Activities. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I also acknowledge that the Charity have not arranged and does not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities. I also understand that this document is a contract that grants certain rights to and eliminates the liability of the Charity.

Signature of Volunteer\*

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.

Date\*

Date\*

Signature of Parent/Legal Guardian if Volunteer is Under 18\*\*

I am the parent or legal guardian of the Volunteer. 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.

The Blue Hand Group

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Website: www.thebluehandgroup.org Email: info@thebluehandgroup.org

### PUBLICITY RELEASE

In return for being allowed to participate in The Blue Hand Group volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") hereby grants to the Charity, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorised Parties"), the absolute and irrevocable right and permission to use, publish, broadcast and/or use the Volunteer's name, voice, photograph and/or likeness, caricature in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without any form of compensation. I further agree that anything derived therefrom will be owned solely by the Authorised Parties. I shall not authorise the use of any print, negative or other copy thereof by anyone other than the Authorised Parties. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect

#### Signature of Volunteer\*

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.

Date\*

Signature of Parent/Legal Guardian if Volunteer is Under 18\*\*

Date\*

I am the parent or legal guardian of the Volunteer. 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.



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