OPERATION RAMP IT UP

EMERGENCY CONTACT AND RELEASE

Volunteer Information

Name:			
Address:		_City, State, Zip	
Phone day:	E-1	mail:	
In case of an emer	gency, contact:		
Name:		Relationship:	
Phone:			
	Release and Waiver	of Liability	
in favor of Operat Volunteer desires volunteer for instaramp (the "Activity from a truck to tra	Waiver of Liability (the "Release") execution Ramp It Up, a nonprofit corporation, to work as a volunteer for Operation Ramalling or removing a wheelchair ities"). The Volunteer understands that the ailer, assembling/disassembling ramp kits a, following instructions of a contractor or	tted on thisday of(the and its directors officers, employees, are the property of the activities related to the activities may include loading/unloads, digging or removing brush for installations.	e "Volunteer") and agents. The ated to being a ing ramp parts tion, utilizing
1.Release and Wa	reby freely, voluntarily, and without duress niver. Volunteer does hereby release and for sessors and assigns from any and all liabil in equity, that arise or may hereafter arise for	Forever discharge and hold harmless Opelity, claims, and demands of whatever ki	eration Ramp and or nature,

VOLUNTEER UNDERSTANDS THAT THIS RELEASE DISCHARGES OPERATION RAMP IT UP FROM ANY LIABILITY OR CLAIM THAT THE VOLUNTEER MAY HAVE AGAINST OPERATION RAMP IT UP WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY

DAMAGE THAT MAY RESULT FROM VOLUNTEER'S ACTIVITIES WITH OPERATION RAMP IT UP, WHETHER CAUSED BY THE NEGLIGENCE OF OPERATION RAMP IT UP OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. VOLUNTEER ALSO UNDERSTANDS THAT OPERATION RAMP IT UP DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE IN THE EVENT OF INJURY OR ILLNESS.

- 2. Medical Treatment. Volunteer does hereby release and forever discharge Operation Ramp It Up from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Operation Ramp It Up.
- 3. Assumption of the Risk. The Volunteer understands that the Activities may involve work that may be hazardous to the Volunteer, including, but not limited to installing or removing wheelchair ramps, and transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities, and releases Operation Ramp It Up from all liability for injury, illness, death, or property damage resulting from the Activities.
- 4. Insurance. The Volunteer understands that, except as otherwise agreed to by Operation Ramp It Up in writing, Operation Ramp It Up does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.
- 5. Photographic Release. Volunteer does hereby grant and convey unto Operation Ramp It Up all right, title, and interest in any and all photographic images and video or audio recordings made by Operation Ramp It Up during the Volunteer's Activities with Operation Ramp It Up, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- 6. Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. Volunteer also agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.
- 7. If the Volunteer is less than 18 years of age, the Volunteer and the parents having legal custody and/or the legal guardians of the Volunteer (the "Guardians") also hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of the decision by any representative or agent of the Released Parties to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in a Parental Authorization for Treatment of a Minor Child.

IN WITNESS WHEREOF, Volunteer has executed th	is Release as of the day and year first above written.		
Volunteer:	Witness:		
Parent/Guardian signature if volunteer is under the age of 18:			
Phone: Prin	ted Name:		