

Sir's Rescue Rangers

8414 Farm Road Suite 180-251
Las Vegas, NV 89131
Phone: 702-513-4422

VOLUNTEER PARTICIPANT WAIVER OF LIABILITY AND ASSUMPTION OF RISK PLEASE READ CAREFULLY

I understand that my participation in various vaccination and fund raising programs, operations, and/or maintenance is a voluntary activity, and that I am donating my time and my labor by my own free choice. I agree to perform my assigned tasks in a responsible manner. In consideration of being allowed to participate in volunteer activities, I hereby agree to ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH in any way associated with my participation in this activity. I agree to RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS Sir's Rescue Rangers, its officials, employees, representatives, volunteers, and agents for any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, in law or in equity, and arising from or in any way connected with my participation in the Sir's Rescue Rangers event volunteer activities. I agree that the terms stated herein shall also serve as a, WAIVER OF LIABILITY AND ASSUMPTION OF RISK for my heirs, estate, executor, administrator, assignees, and for all members of my family.

PHOTO RELEASE

Furthermore, I give my permission to have photos and/or video recordings taken of me or my child for publicity purposes during activities even though we will not receive compensation of any kind for appearing in such photos or video recordings.

CAUTION

I acknowledge that I have carefully read this WAIVER OF LIABILITY AND ASSUMPTION OF RISK and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the Sir's Rescue Rangers in connection with my participation in this volunteer activity. I accept the conditions printed above:

Participant Signature

Date

Print Participant Name

A parent or guardian signature is required if the participant is under 18 years of age. By signing this WAIVER OF LIABILITY AND ASSUMPTION OF RISK on behalf of a minor, the undersigned parent or guardian is agreeing to be bound by the above conditions on behalf of him or herself and on behalf of the participant.

Parent or Guardian Signature

Date

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VOLUNTEER APPLICATION

Please fill this out completely

Name _____
Address _____
Cell Phone _____
Home Phone _____
Parents Name _____
Parents Phone _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name _____
Phone _____

I agree not to leave event are for any reason without permission from one of the SRRs personnel. If I do leave without notifying SRR personnel I understand I will not be eligible to volunteer again.

Volunteer Signature

Parent Signature