



Katy ServeFest Release Form

I, _____ a volunteer participant (or parent/guardian of a minor volunteer) in **Katy ServeFest**, on _____, 20__ freely and voluntarily agree to all the terms and provisions of this document. I realize this event will be conducted under the supervision of volunteers. I further understand that I will follow the directions of my supervisors and that the volunteer supervisors will exercise reasonable care concerning my safety, but that I am expected to use my judgment to always work in a safe manner so as not to injure myself or those working around me. I have provided the name and phone number of an emergency contact below. If it is impossible or impractical to notify this person in advance, I hereby grant permission for me, or my minor child, to be treated by medical providers in the event of illness or injury at the event. I will assume sole financial responsibility for all medical services which may be provided to me or my child, including emergency medical services. I do fully release, remise and hereby waive all claims against Compassion Katy and/or the Event Sponsors, its agents, employees, and volunteers participating in the Katy ServeFest activities at any of the sponsored locations, except to the extent any such claims arise only from willful or intentional misconduct or gross negligence of the Event Sponsors. This Release Form is made *prior to* any injury or claim and is given in consideration of my participation in the event.

I represent that I, or my minor child, is in good health and does not suffer from any condition which would preclude my or my child's participation in this event. I agree that if my minor child is found away from my supervision, or in an unsafe position, I and my child may be asked to leave the property.

I further authorize Compassion Katy to photograph, videotape, or otherwise use my name and likeness in picture(s), video, or other media as part of documenting the event. In my or my child's behalf, I irrevocably relinquish and give to the Event Sponsors all right, title, and interest that I may have in the finished pictures, negatives, reproductions, film, tape and copies of the original films, videos, prints and negatives, and further grant the Sponsors the right to give, sell, transfer, and exhibit the negatives, original prints, film, video and copies or facsimiles thereof, for advertising and or promotional purposes, to any individual, business firm, or publication, or to any of their assignees

I, we as parent/s/guardian of: _____ acknowledge his/her participation.

Emergency Contact:

Name: _____ Phone# _____

Medical Insurance Data: _____

I freely and voluntarily agree to the terms and conditions stated above.

Signature of Volunteer

Date

Signature of Parent/Guardian

Date