



Wild West Gala – Jeans & Jewels 2019 Volunteer Application

I request to be allowed to volunteer for the **Society for disABILITIES**, and agree to the following:

1. I acknowledge and fully understand that as a volunteer, I will be engaging in activities that may involve risk of serious injury, including permanent disability and death. I acknowledge that there may be risks not known to me or not reasonably foreseeable at this time.
2. I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
3. I and my family release, waive, discharge and promise not to sue Society for disABILITIES, its volunteer instructors and director, its staff, executive director, and board of directors, the Durrer Dairy Barn, it's owners & employees, County of Stanislaus, and other participants of the **2019 Gala** for any personal injury, property damage, or other damages that may arise from my participation in the **2019 Gala** regardless of whether such injury or damage is caused by negligence or carelessness of the **2019 Gala**.
4. I agree that the staff and volunteers of the **2019 Gala** and **Society for disABILITIES** may authorize emergency medical treatment for my child, up to and including emergency hospitalization and surgery. I give the Society and volunteers' the right to determine the appropriate medical facility/provider in the absence of the parent. I agree to be personally responsible for any related medical expenses.
5. I hereby authorize and give my full consent to **Society for disABILITIES** to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending any **Society for disABILITIES** programs or events. I further agree that **Society for disABILITIES** may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations. I agree my name, may be published in, or used by **Society for disABILITIES** and any of the media or mass communication without any liability on the part of **Society for disABILITIES**.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

Name _____ Over 21: Yes No _____

Mailing Address: _____ City: _____ Zip: _____

Phones: Home: _____ Cell: _____ Work: _____

Email Address **REQUIRED**: _____ Okay to contact you by email: Yes No

Volunteer Signature: _____

Parent Signature
if volunteer under 18 _____

Date: _____

Parent signature is required if participant is under 18 years of age and is unable to legally give effective consent.