

**LIABILITY RELEASE FORM**

Release of all Claims

(This form must be filled out completely)

In consideration for being accepted by the WareHouse of Venice, Inc. to **participate/volunteer/attend**, \_\_\_\_\_(person attending or volunteering) would like to participate \_\_\_\_\_ (date to attend/volunteer), we/I being 18 years of age or older, do for ourselves/myself (and for and on my behalf of my child/participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless the WareHouse of Venice, Inc. and any representative of the WareHouse thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child/participant that occur while said child is participating in the activity. Furthermore, we/I (and on behalf of our/my child or participant if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agree to hold harmless and indemnify said organization, its directors, employees and agents, for any liability sustained by said organization as the result of the negligent, willful, or intentional acts of said participant including expenses incurred attendant thereto.

**(If the participant has not attained the age of 18 years)**

We/I are the parent(s) or legal guardian(s) of this participant, and hereby grant our permission for him/her to participate fully in volunteer activity, and hereby give our permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limitation to emergency surgery or medical treatment to a doctor or hospital and assume the responsibility of all medical bills, if any.

**Print Name Of Participant** \_\_\_\_\_ -

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Parents Home Telephone \_\_\_\_\_ Parents Cell Phone \_\_\_\_\_

Emergency Contact(s) & Phone Number(s) \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature (if 18 years or older) \_\_\_\_\_ Date \_\_\_\_\_

Please list any allergies or special medical conditions / problems participant may have.