

GENERAL WAIVER OF LIABILITY AND MEDICAL RELEASE FORM

Reason for which this release is intended: #KUDOS Fall Weatherization Project on Friday, October 4th, 2024

Statement of Consent and Medical Release

In consideration of participation as a volunteer in #KUDOS Fall Weatherization Project on Friday, October 4th, 2024, I hereby agree to release each and every individual participant and any and all organizations affiliated with the #KUDOS Fall Weatherization Project, their organizers, agents, sponsors, affiliates, representatives and/or volunteers, (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me, arising from or relating to my participation in the #KUDOS Fall Weatherization Project on Friday, October 4th, 2024.

In the event this release on behalf of myself is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me arising from or relating to my participation in #KUDOS Fall Weatherization Project on Friday, October 4th, 2024. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim; but this Release and/or Indemnification shall apply to the extent of any self-insurance or deductible(s) applicable to any claim.

I understand that reasonable attempts will be made as soon as possible to contact my emergency contact person at the phone numbers listed in connection with any accident or emergency medical care. I do hereby authorize treatment by a qualified and licensed physician or medical professional, of any condition which, in the opinion of the physician and/or medical professional, is deemed necessary and appropriate. I understand that I retain all responsibility for costs associated with my medical care.

I grant permission to the event organizers, sponsors and their affiliates to use any photographs, videos, or recordings of this event for purposes of showing community collaboration and I waive any claim to use or ownership of these materials.

Printed Name: _____

Date of Birth: _____

Address : _____ City: _____ Zip Code _____

Phone: _____

Email Address: _____

Emergency Contact Name and Telephone Number:

Name: _____ Cell Phone: _____

I fully understand and agree to the above terms and sign this form knowingly, willingly and freely.

Date:

Signature of Participant

If under 18 years of age, your Parent/Guardian's signature is required:

Parent/Guardian _____ .Date _____

*KUDOS – Kalamazoo United Day of Service - is a collaboration of volunteers drawn from several Kalamazoo area churches, businesses, and non-profit organizations in service to the beloved community.