



ASHFORD ARTS  
ALLIANCE

Volunteer Waiver and Release of Liability:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Relationship to Emergency Contact: \_\_\_\_\_

I, the undersigned volunteer, desire to work as a volunteer for the Ashford Arts Alliance Foundation and engage in the activities related to being a volunteer. I understand that the activities may include, but are not limited to, physical labor, setting up and breaking down event spaces, interacting with the public, and other activities related to the mission of the Foundation.

I hereby freely, voluntarily, and without duress execute this Waiver under the following terms:

1. **Waiver and Release:** I hereby release and forever discharge and hold harmless the Ashford Arts Alliance Foundation and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with the Foundation. I understand and acknowledge that this Waiver discharges the Foundation from any liability or claim that I may have against the Foundation with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation in volunteer activities. I also understand that the Foundation does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
2. **Assumption of Risk:** I understand that my volunteer work may include activities that are hazardous to me, including, but not limited to, physical labor, loading and unloading of heavy equipment, and local travel to and from event sites. I hereby expressly and

specifically assume the risk of injury or harm in these activities and release the Foundation from all liability for injury, illness, death, or property damage resulting from the activities of my volunteer services.

3. **Medical Treatment:** I hereby release and forever discharge the Foundation from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my volunteer activities with the Foundation.
4. **Insurance:** I understand that the Foundation does not carry or maintain health, medical, or disability insurance coverage for any volunteer. Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.
5. **Photographic Release:** I grant and convey unto the Foundation all right, title, and interest in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by the Foundation in connection with my providing volunteer services to the Foundation.
6. **Age Requirement:** I affirm that I am at least 18 years old, or if I am under 18 years old, I have obtained the consent of my parent or guardian as evidenced by their signature below.
7. **Other:** I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the state of Arizona and that this Waiver shall be governed by and interpreted in accordance with the laws of the state of Arizona I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver which shall continue to be enforceable.

By signing below, I express my understanding and intent to enter into this Waiver and Release of Liability willingly and voluntarily.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian (if volunteer is under 18):

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_