

## **VOLUNTEER PROGRAM CONFIRMATION & RELEASE**

In consideration of the opportunity of the individual named below ("Participant") to participate as a volunteer on behalf of: **Mt. Rainer Futbol Club (the "Non-Profit Organization")** at White River Amphitheatre located at 40601 Auburn Enumclaw Rd SE, Auburn, WA 98092 ("Facility") Event indicated below ("Event"), the Participant (and in the case of any Participant less than eighteen (18) years of age, his/her Parent or Legal Guardian), individually and on behalf of the Participant, acknowledges and agrees as follows:

1. **VOLUNTARY PARTICIPATION.** I am participating in the Event voluntarily, of my own free will, and for the purpose of performing civic, charitable, or humanitarian duties. I will be volunteering for the Non-Profit Organization without any compensation, expectation of compensation, or commitment. I have not been required, pressured, or otherwise coerced into volunteering my time to the Non-Profit Organization or had any benefit preconditioned on volunteering my time to the Non-Profit Organization. I understand and acknowledge that I am not an employee or agent of Legends Music, LLC. ("Legends"), the Facility, the Event holder/promoter, or any of their affiliated entities ("Event Parties"). I understand and agree that I am participating in the Event as a volunteer and that no compensation is expected in return for the services I provide.

2. **FITNESS FOR VOLUNTEERING.** I am in good medical condition, fit to participate at the Event, and do not have any medical condition that may pose a risk of harm or disability to others or myself. I will not participate at the Event if my medical condition changes to the extent it may pose a risk of harm of disability to other or myself. I have not, and will not, engage in any unlawful conduct or in any activity that might negatively impact the reputation and good will of the Event Parties and other parties associated with the Event. I will fully comply with all applicable governmental laws, regulations, and rules, all instructions provided by the Non-Profit Organization, and all rules and regulations of the Event Parties relating to my participation at the Event.

3. **ASSUMPTION OF RISK, RELEASE AND WAIVER.** I ACKNOWLEDGE THE INHERENT RISKS AND DANGERS OF MY PARTICIPATION AT THE EVENT, AND AGREE TO ASSUME ALL RISK, LIABILITY AND RESPONSIBILITY FOR ANY CLAIM, LOSS, BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT I OR MY REPRESENTATIVES MAY SUFFER OR INCUR DIRECTLY OR INDIRECTLY ARISING FROM MY PARTICIPATION AT THE EVENT. I RELEASE, DISCHARGE, AND FOREVER HOLD HARMLESS THE EVENT PARTIES, AND THEIR EMPLOYEES, MEMBERS, STOCKHOLDERS, PARTNERS, AGENTS, SUCCESSORS, ASSIGNS, AND CONTRACTORS, FROM ANY OBLIGATION, LIABILITY, CLAIMS, OR DEMANDS OF WHATEVER KIND OR NATURE, EITHER IN LAW, BY STATUTE, OR IN EQUITY, THAT ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION AT THE EVENT.

I UNDERSTAND THAT THIS RELEASE DISCHARGES THE EVENT PARTIES FROM ANY LIABILITY OR CLAIM THAT I MAY HAVE AGAINST THE EVENT PARTIES WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE, PENALTY, WAGE, OR OTHER LOSS THAT MAY RESULT FROM MY PARTICIPATION AT THE EVENT, WHETHER CAUSED BY THE NEGLIGENCE OF THE EVENT PARTIES, THEIR EMPLOYEES, MEMBERS, STOCKHOLDERS, PARTNERS, AGENTS, SUCCESSORS, ASSIGNS, AND/OR CONTRACTORS. I ALSO UNDERSTAND THAT THE EVENT PARTIES DO 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.

4. **MEDICAL TREATMENT.** I hereby release and forever discharge the Event Parties from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my participation at the Event.

5. **RESPONSIBILITY FOR MY ACTIONS.** I AGREE TO ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY CLAIM, LOSS, PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE THAT THE EVENT PARTIES OR ANY PERSON OR ENTITY MAY SUFFER OR INCUR ATTRIBUTABLE TO MY COMMISSION OF ANY NEGLIGENT OR WRONGFUL ACT OR OMISSION IN CONNECTION WITH MY PARTICIPATION AT THE EVENT, OR MISREPRESENTATION BY ME OR ANY FAILURE BY ME TO COMPLY WITH THE TERMS OF THIS CONFIRMATION.

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6. Photographic Release. I hereby grant to the Event Parties, in perpetuity, worldwide unrestricted permission, without reservation of any rights, and without any compensation, or additional consideration of any kind, in and to all original intellectual property rights and assets resulting from or created as part of my participation at the Event, and the use of my name, picture, portrait, likeness, identification, photo, or video, in all media now known or hereafter devised and modes of transcription, broadcast, and promotion of all or any part of the Event, and I hereby release all rights in and to all recordings and transcriptions (by video, digital, film, or any other methods now known or hereafter devised) of my participation at the Event.

7. Other. I agree that this confirmation and release is intended to be as broad and inclusive as permitted by the laws of the State in which the Facility is located in and that this confirmation and release shall be governed by, and construed in accordance with, the laws of the State in which the Facility is located in. In the event that any clause or provision of this confirmation and release shall be held invalid by any court of competent jurisdiction, the invalidity of the clause or provision shall not otherwise affect the remaining provisions of this confirmation and release, which shall continue to be enforceable.

**EVENT:** \_\_\_\_\_ **EVENT DATE(s):** \_\_\_\_\_

**PARTICIPANT (Please Print):** \_\_\_\_\_ **Birth (Mo.)** \_\_\_\_ **(Day)** \_\_\_\_\_  
**(Year)** \_\_\_\_\_

**Address** \_\_\_\_\_ **(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_  
\_\_\_\_\_

**Email** \_\_\_\_\_ **Tel** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_