**2015 Granville County Paper Chase**

***Volunteer’s Agreement and Release From Liability***

1. Voluntary Participation: I acknowledge that I have voluntarily applied to participate in/assist with the 2015 Granville County Paper Chase (hereby referred to as “Host”). I understand that, as a participant or volunteer, I will not be paid for my services.
2. Release: In consideration of the opportunity afforded me to assist in this project, I hereby agree that I, my assignees, heirs, guardians and legal representatives will not make a claim against Host or any of its affiliated organizations, or either of their officers or directors collectively or individually, or the supplier of any materials or equipment that is used by the project, or any of the volunteer workers, for the injury or death to me or damage to my property, however caused, arising fro my participation in the project at Host. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions or causes of action resulting from personal injury or death to me, or damage to my property sustained in connection with my participation in this project. I further consent to the unrestricted use by Host and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual recording of me.
3. Insurance: I understand that Host may elect to provide group accident or other liability insurance for the benefit of its volunteers. Provided coverage will be governed by policy language. Except to the extent that it may provide such insurance, Host does not carry or maintain any health, medical, disability, damage or other liability insurance coverage for the benefit of its volunteers and participants, and expressly disclaims any responsibility or obligation to do so. As a volunteer or participant, I am expected and encouraged by Host to maintain medical insurance coverage for my own benefit.
4. Medical Treatment: Except as otherwise agreed to by Host in writing, I hereby release and forever discharge Host from any and all liability claims, demands and causes of action whatsoever that may arise on account of any first aid or other medical treatment rendered during my participation with any project or event sponsored or managed by Host.
5. Assumption of Risk: I understand that my participation with Host and/or any project, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with Host may include activities that may be hazardous to me. I further recognize and understand that such participation may involve certain inherently dangerous activities and release Host from all liability for injury, illness, death and/or property damage that may result.
6. Other: I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law and that this Release shall be governed by and interpreted in accordance with the laws of this state, county, city and/or township. I agree that, in the event that any clause or provision of the Release 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 the Release.

By signing below, I acknowledge that I have read and understand this Release and agree to its provisions.

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Signature of participant Print Name

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Full address

Granville County Paper Chase team members and volunteers must be 18 years old or older.