

**WAIVER OF LIABILITY**

This Waiver of Liability (the “Waiver”) executed this \_\_\_\_ day of \_\_\_\_\_ [month], \_\_\_\_\_ [year], by \_\_\_\_\_ (the “Volunteer”) in favor of Active Youth Wisconsin, Inc., a nonprofit corporation organized and existing under the laws of the State of Wisconsin, USA; and its directors, officers, employees and agents (collectively “AYW”).

In consideration for being allowed to participate in AYW volunteer activities, and engage in the activities related to being a volunteer, I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

- 1. **Waiver and Release.** I, the Volunteer, release and forever discharge and hold harmless AYW 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 AYW.

I understand and acknowledge that this Waiver discharges AYW from any liability or claim that I, the Volunteer, may have against AYW with respect to bodily injury, personal injury, illness, death, or property damage that may result from my volunteer activities. I also understand that AYW 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, illness, death or property damage.

I am aware there are risks to me of exposure directly or indirectly arising out of or resulting from an outbreak of communicable disease, including but not limited to, Coronavirus Disease (“COVID-19”) or any mutation or variation thereof. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, AYW may put in place preventative measures to reduce the spread of COVID-19. I understand AYW cannot guarantee that its employees, volunteers, other participants, sponsors, advertisers, or others in attendance will not be exposed or infected with COVID-19.

I agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact AYW if I experiences symptoms of COVID-19 within 14 days after participating at a AYW event or activity.

- 2. **Other.** I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Wisconsin. 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.

\_\_\_\_\_  
Print Volunteer’s Name

\_\_\_\_\_  
Volunteer’s Signature

\_\_\_\_\_  
Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

\_\_\_\_\_

Signature of Parent or Guardian (if under 18)

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Street Address

City

State

Zip Code

**ACTIVE YOUTH WISCONSIN, INC., TRANSPORTATION RIDER**

I intend to utilize transportation offered by Active Youth Wisconsin, Inc. ("AYW") I understand that in exchange for such transportation, AYW requires that all participants enter into this Transportation Rider and that, without the assurances provided for herein, AYW would not be willing to offer transportation services to any participants.

I hereby waive any and all right I may have against AYW for costs, expenses, losses, or damages, including, without limitation, incidental losses and damages, resulting from my utilization of the transportation services provided by AYW. I hereby agree to discharge, hold harmless, defend and indemnify AYW from and against any and all claims, costs, damages, and expenses AYW may incur as a result of my utilization of the transportation services provided. I acknowledge that all transportation services are provided by a third party company hired or contracted with by AYW and that AYW has no ownership or control over such third party.

Date: \_\_\_\_\_ Print Name of Participant: \_\_\_\_\_

\_\_\_\_\_

Signature of Participant or Parent/Guardian (if client under 18) Print Name of Person Signing if a Parent/Guardian

**ACTIVE YOUTH WISCONSIN, INC., PHOTO RELEASE**

\_\_\_\_\_ By initialing here, I understand that at this event or related activities, I may be photographed, recorded, videotaped or have my likeness captured in some other manner. I hereby authorize and grant Active Youth Wisconsin, its subsidiaries, and affiliated entities, full permission to utilize any and all such representations for any legitimate purpose.

Date: \_\_\_\_\_ Print Name of Participant: \_\_\_\_\_

\_\_\_\_\_

Signature of Participant or Parent/Guardian (if client under 18) Print Name of Person Signing if a Parent/Guardian