



GREEN LIGHT NEW ORLEANS Volunteer Activity Liability Waiver

MUST CONTAIN ORIGINAL SIGNATURE

The Undersigned _____ (print name), does hereby acknowledge and assumes the risk of participation in any and all activities associated with Green Light New Orleans (GLNO) on any and all locations where GLNO activities take place. He/she does hereby acknowledge that he/she will release Green Light New Orleans, its officers, staff members, partners, volunteers, advisors, property owners, and/or agents in any location where GLNO activities are conducted, of and from all claims which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered by said minor or to any property, because of any matter, thing, or condition, negligence or default whatsoever, and they hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any person or persons whatsoever.

It is further agreed and understood that he/she shall maintain in full force and effect, a policy of insurance covering medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities with the Green Light New Orleans as aforesaid. He/she also agrees that if he/she does not maintain in full force and effect a policy of insurance, he/she is still liable for medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities involving the Green Light New Orleans as aforesaid. The person executing this release acknowledges that there is a valid consideration to executing this release.

The invalidity of any statement or waiver of rights above under local, state, or federal law does not invalidate any other statement or waiver of rights above.

PLEASE WRITE YOUR INFORMATION LEGIBLY

Volunteer Information

Your Name _____ Email _____
Group Name _____ Who referred you? _____
Street Address _____
City: _____ State _____ Zip _____
Phone Number _____ Today's Date _____

PLEASE INITIAL THE BOXES BELOW:

I approve that my name is mentioned as a volunteer on www.greenlightneworleans.org:

I approve that GLNO uses my photo, video, and/or testimony to promote their mission:

I HAVE READ & UNDERSTAND THE SAFETY GUIDELINES WHILE VOLUNTEERING:

Emergency Information

Please notify the following individual(s) immediately in the event of a medical emergency.

Name _____ Relationship _____

Street Address _____

City, State, Zip _____

Phone Number (main) _____ Phone Number (second) _____

Any special medical conditions or medications that emergency personnel should be aware of:

Signature of Participant _____ Date of Birth _____

(If you are under 18 years of age, have your parent / guardian read and sign below)

I, _____ (Name of Parent or Guardian), agree to accompany or have another adult accompany the minor child at all times while they are involved in any activity on the premises, and acknowledge that I am fully and totally responsible for the above child at all times while he/she is participating in any activity with Green Light New Orleans.

Signature of Parent or Legal Guardian _____ Today's Date _____