



**Jewish Federation of Howard County
Release, Waiver, and Permission Form**

(Adults age 18 years or older; and Minors younger than age 18 years)

Volunteer Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City/State/Zip Code: _____

Date of Birth: _____ Sex (M/F): _____ Emergency Contact Phone Number: _____

Event Information

Event: Volunteer Community Service

Dates: January 1 through December 31, 2020

Name of Benefited Charity: Jewish Federation of Howard County

Please Read the Following Carefully and Completely Before Signing

In consideration of my and/or my child or ward's participation as a volunteer for the event referenced above benefiting the charitable nonprofit organization Jewish Federation of Howard County, and any related activities, wherever the event and any related activities may occur (collectively, the "Event"), I agree to assume all risks incidental to such participation (which risks may include, among other things, any form of personal injury, illness, or death). On my own behalf and/or on behalf of my child or ward, and my and/or my child or ward's heirs, executors, administrators, and next of kin, I hereby forever release and discharge the Released Parties (as defined below) of and from, any and all claims, damages, lawsuits, actions, acts, demands, rights of action, causes of action, judgments, obligations, attorneys' fees, costs, indemnities, subrogations, duties, controversies, and liabilities of every kind and nature whatsoever at law or in equity (collectively, "Claims"), arising out of or relating to participation in the Event, and further, agree to indemnify, defend, and hold each of the Released Parties harmless from and against any and all such Claims. I understand and agree that this release and indemnification includes, but is not limited to, any Claims based on the negligence, action, or inaction of any of the Released Parties, and covers any form of personal injury, illness, or death, property damage, and loss by theft or otherwise, whether suffered by me and/or my child or ward either before, during, or after participation in the Event. I declare that I and/or my child or ward are physically fit, do not have any known physical or mental condition that would impair the ability to participate in the Event, and have the skill level required to participate in the Event. I further authorize medical treatment for me and/or my child or ward, at my own cost, if the need arises. For the purposes hereof, the "Released Parties" are: Jewish Federation of Howard County; all Event sponsors, donors, and charities; and each of their respective parent, subsidiary, affiliated, or related entities, agents, employees, officers, directors, members, partners, representatives, contractors, sub-contractors, predecessors, successors, assigns, and volunteers of each of the foregoing entities, all of whom are third-party beneficiaries of this Release, Waiver, and Permission Form.

I also acknowledge that at all times I am, and/or my child or ward is, acting solely as a volunteer to benefit Jewish Federation and the Event, and that I am, or my child or ward is, not acting as an employee of, and do not expect to receive compensation from, any of the above Released Parties. Therefore, I and/or my child or ward shall not be entitled to participate in, or to receive any compensation or any benefits from, any employee benefit or welfare plans maintained by any of the above Released Parties.

I further grant the Released Parties the right to photograph and/or videotape me and/or my child or ward and further to display, use, and/or otherwise exploit my and/or my child's or ward's name, face, image, likeness, voice, and appearance, forever in perpetuity, and throughout the universe, in all media, whether now known or hereafter devised (including, without limitation, in online websites and webcasts, television, motion pictures, films, newspapers, and magazines), and in all forms, including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, without compensation, reservation, or limitation. The Released Parties are, however, under no obligation to exercise any rights granted herein.

This Release, Waiver, and Permission Form shall be governed by the codified and common laws of the State of Maryland. Any legal action relating to or arising out of this Release, Waiver, and Permission Form or the Event shall be commenced exclusively in the Maryland Circuit Courts for Howard County, or if the Circuit Court does not have personal jurisdiction or subject matter jurisdiction, then in the United States District Court for Maryland. I specifically waive the right to trial by jury. I certify that I am eighteen (18) years of age or older and the information set forth above is true and complete, and, if I am executing this Release, Waiver, and Permission Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and complete.

Date

Signature of Volunteer (if 18 or over) or
Parent or Guardian (if Volunteer is under 18)

Print Name of Volunteer (if 18 or over) or
Parent or Guardian (if Volunteer is under 18)