

Volunteer Waiver and Release of Liability and Publicity Release



Supporting the Pittsville School District's Teachers, Staff & Students
5459 Elementary Avenue • Pittsville, WI 54466 • (715) 884-2517

Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____

Emergency Contact phone: _____

If under 18 or over 18 and legally declared incompetent

Parent/Legal Guardian: _____

Address: _____

Phone: _____ Email: _____

VOLUNTEERS MUST COMPLETE THE WAIVER AND RELEASE FORM

**PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED IF VOLUNTEER
IS UNDER AGE OR LEGALLY INCOMPETENT.**

**THIS WAIVER AND RELEASE OF LIABILITY IS VALID UNTIL WRITTEN
REVOCAION IS PROVIDED TO PTO FROM SIGNEE.**

WAIVER AND RELEASE OF LIABILITY

In return for being allowed to participate in Pittsville PTO Inc volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 or legally incompetent (hereafter referred to using "I", "me", or "my") releases and agrees not to sue the Pittsville PTO Inc or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur. I understand and agree that Pittsville PTO Inc is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise. I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation. I also agree to indemnify and hold harmless Pittsville PTO Inc for all claims arising out of my participation in the Volunteer Activities. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I also acknowledge that Pittsville PTO Inc carries an insurance policy that covers volunteers in a limited capacity while acting in voluntary duties. The insurance does not cover my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I agree to not hold Pittsville PTO Inc and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties") responsible for any claims or portion of claim that Pittsville PTO Inc.'s insurance does not cover.

Please initial the below sections

_____ I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities. I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Pittsville PTO Inc.

_____ I represent that to my knowledge I am able to work with children and am not legally required to not be within a specified distance of minors.

_____ I agree that while acting as a volunteer I will not perform any personal care or hands on assistance to children and I will not be alone in any capacity with children.

_____ I agree to conduct my actions in a school appropriate manner while representing the PTO and while around children.

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/Legal Guardian (if applicable): _____ 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.

PUBLICITY RELEASE

In return for being allowed to participate in Pittsville PTO Inc volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian if applicable (hereafter referred to using "I", "me", or "my") hereby grants to Pittsville PTO Inc, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties"), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Volunteer's name, address, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation.

I further agree that anything derived therefrom will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

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/Legal Guardian (if applicable): _____ 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