

Volunteer Participation Release Form

State of _____

County of _____

I, _____, understand that I am not an employee or agent of "The Secret Place book (SEG-WAY)." I understand "The Secret Place Book Club (SEG-WAY)" will not provide me with compensation, insurance, worker's compensation, or any other benefit of an employee.

In exchange for benefits derived from being allowed to work and participate as a volunteer at "The Secret Place Book Club (SEG-WAY)" and for other good and valuable consideration, I, the undersigned, agree to forever release and discharge and agree to indemnify and hold harmless "The Secret Place Book Club (SEG-WAY)," it's corporate parent and affiliates, officers, directors, employees, agents and subcontractors against all actions, causes of action, claims, demands, costs, and expenses (including, without limitation, attorney's fees and court cost) and liabilities of any nature whatsoever that they or I may suffer directly or indirectly during the course of or as a result of my activities as a volunteer at this event. I understand that this release will bind my assigns, my personal representatives, my heirs, and me.

I am over 18 years of age: _____ Yes _____ No

Address

City, State, Zip

Phone Number (Home, Work, or Cell)

Email

Signature _____ Date _____

Printed Name _____ Volunteer Area _____