



Project Wreckless Adult Volunteer Liability & Media Waiver Form

Printed Name: _____ (Volunteer Participant)

Project Wreckless records, photographs and documents all shop activities, special events, open houses and workshops. The recordings are property of Project Wreckless and can be posted on the Project Wreckless website, social media and used in promotional materials. In an effort to increase Project Wreckless awareness, various media (radio, TV, news, podcasts, etc.) are invited to attend and document events and shop time. This form provides consent for Participant to be recorded during Project Wreckless activities and for the recordings to be utilized by Project Wreckless, as well as consent to participate in media interviews and publications.

I understand that personal injury can and may occur to Participant while at Project Wreckless. In case of an accident or an emergency, I authorize a staff member of Project Wreckless to take me to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for my safety and protection, at my expense.

I hereby release Project Wreckless, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by Participant while participating in or traveling to and from this event.

This Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the RELEASEES, and is intended to be as broad and inclusive as is permitted by the laws of California and/or the Province or State in which the Clinic(s) is/are conducted.

I agree and consent to all of the above stated.

Participant Signature

Date

Emergency Contact Name

Emergency Contact Phone Number

Do you have allergies? ____ Yes or ____ No.
If so, please list any food or other allergies here: