



Volunteer Liability Release

Acknowledgement of Risk, I understand and acknowledge that the activity I am about to voluntarily engage in as a participant or as a volunteer bears certain risks, known or unknown, identified or unidentified, anticipated or unanticipated, which may result in injury, death, illness, disease (physical or mental) or damage to myself, my property or to spectators or to other third parties.

1. Acceptance of Risks and Responsibility, Being aware that this activity entails risks or injury to myself and a risk or injury to spectators or other third parties as a result of my actions, I expressly agree, covenant and promise to accept and assume all responsibility and risks for injury, death, illness or disease or damage to myself or to my property arising out of my participation in this activity. I understand that activities may involve strenuous physical activity, like lifting; I agree that I am of adequate physical shape before participating in such activities. My participation in this activity is purely voluntary and no one is forcing me to participate and I elect to participate knowing said risks.

2. Release, I hereby voluntarily release and forever discharge the Shimmer Sparkle Shine Project, its successors and assigns, agents, employees, directors, officers and all other persons or entities from any and all liability, claims, demands, action or rights of action which are related to or arise out of or are in any way connected with my participation in this activity including, but not limited to, the negligent acts or omissions of the Shimmer Sparkle Shine Project, its successors and assigns, agents, employees, directors, officers and all other persons or entities, for any and all injury, death, illness or disease, and damage to myself or to my property. I further agree, promise and covenant to hold harmless and indemnify the Shimmer Sparkle Shine Project, its successors and assigns, agents, employees, directors, officers and all other persons or entities, from all defense costs, including attorney fees or from other costs incurred in connection with claims for bodily injury or damage which I may negligently or intentionally cause to myself, to spectators or other third parties arising from my participation in this event.

3. Acknowledgement and Effect of This Release Agreement, I understand and acknowledge that by initialing and signing this document I have given up certain legal rights and/or possible claims which I might otherwise assert or maintain against the Shimmer Sparkle Shine Project, its officers, directors, assigns, agents or other employees and persons or entities. I understand and acknowledge that by initialing and signing this document I have assumed responsibility and legal liability for the claims or other legal demands including defense costs which may be asserted by spectators or other third parties against me as a result of my participation in this event. I acknowledge the program curriculum and corresponding materials and resources belong to the Shimmer Sparkle Shine Project. I will distribute the curriculum, activities, and materials outside of the Shimmer Sparkle Shine Project Workshops or use the curriculum, activities, and materials for my individual use.

My signature below indicates that I have read this entire document and completely understand it and agree to be bound by its terms. I am at least eighteen (18) years of age, or have had my parent or guardian sign this Release on my behalf.

(Participant Signature & Date)

(Guardian Signature if under 18 & Date)