



VOLUNTEER'S ACKNOWLEDGEMENT, WAIVER and RELEASE OF LIABILITY

Event name: 2015 KORUS Festival
Type of Volunteer Activity: General Volunteer
Location: The Plaza at Tysons Corner Center

Name : _____

Address: _____

Email Address: _____ Telephone: _____

Occupation: _____ Job Title: _____

Age: _____ Do you speak Korean: YES NO

TRAINING DAY: September 13th, Time: TBD

Shifts (check the the shift(s) you could volunteer):

Friday, August 18 (Must be 18+ years old) Time: 12:00pm-TBD

Saturday, September 19

1st Shift Time: 10:30AM - 4:30PM

2nd Shift Time: 4:00PM - 10:00PM

Sunday, September 20

1st Shift Time: 10:30AM - 4:30PM

2nd Shift Time: 4:00PM - 10:00PM

In consideration of the event organizer allowing me the opportunity to participate in the above named program or event:

- I attest and verify that I am eighteen (18) years of age or older, that I am in good health, and have no known conditions that would be impacted in any way by performance of my volunteer duties. My participation in activities and events organized or sponsored by The Korean American Association of the Washington Metropolitan Area (KAAW) is voluntary.
- I assume all risks associated with my participation in activities and events organized or sponsored by KAAW, including injuries or illness to person and damage or loss to property.
- For any injury, illness, property damage or loss suffered or sustained by me which is in any way associated with my participation in, travel to and from, or other activity associated with the above noted program or event, I do hereby, for myself, my heirs, my administrators and executors, forever WAIVE, RELEASE AND DISCHARGE and agree to indemnify for any and all rights and claims, for any expenses, damages or other losses which I may have or which may hereinafter accrue, against: KAAW, Gimga Group, The Plaza at Tysons Corner including sponsors and organizations or their respective representatives, officers, directors, employees, agents, successors and assigns.
- In the event that I am unable to do so on my own because of injury, I consent to administration of first aid and other medical treatment in the event of injury and agree to pay to costs of such treatment.
- I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

This VOLUNTEER'S ACKNOWLEDGMENT, WAIVER and RELEASE of LIABILITY shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and that I understand its content.

Volunteer's Name (Please Print) _____

Volunteer's Signature _____ Date Signed _____