

GREEN LIGHT NEW ORLEANS Volunteer Activity Liability Waiver:

MUST CONTAIN ORIGINAL SIGNATURE

The Undersigned _____ (print name), does hereby acknowledge and assumes the risk of participation in any and all activities associated with Green Light New Orleans (GLNO) on any and all locations where GLNO activities take place. He/she does hereby acknowledge that he/she will release Green Light New Orleans, its officers, staff members, partners, volunteers, advisors, property owners, and/or agents in any location where GLNO activities are conducted, of and from all claims which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered by said minor or to any property, because of any matter, thing, or condition, negligence or default whatsoever, and they hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any person or persons whatsoever.

It is further agreed and understood that he/she shall maintain in full force and effect, a policy of insurance covering medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities with the Green Light New Orleans as aforesaid. He/she also agrees that if he/she does not maintain in full force and effect a policy of insurance, he/she is still liable for medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities involving the Green Light New Orleans as aforesaid.

The person executing this release acknowledges that there is a valid consideration to executing this release. The invalidity of any statement or waiver of rights above under local, state, or federal law does not invalidate any other statement or waiver of rights above.

Volunteer Information

Name _____
email _____
Street Address _____
City, State, Zip _____
Phone Number (day) _____ (evening) _____
I am OK that my name is mentioned as volunteer on greenlightneworleans.org yes ___no___

Emergency Information

Please notify the following individual(s) immediately in the event of a medical emergency.
Name _____ Relationship _____
Street Address _____
City, State, Zip _____
Phone Number (day) _____ (evening) _____
Any special medical conditions or medications that emergency personnel should be aware of:

Dated this _____ day of _____ (date)
Signature of Participant _____ Date of Birth _____
Signature of Parent or Legal Guardian _____

I, _____ Name of Parent or Guardian, agree to accompany or have another adult accompany the minor child at all times while they are involved in any activity on the premises, and acknowledge that I am fully and totally responsible for the above child at all times while he/she is participating in any activity with Green Light New Orleans.

Signature of Parent or Legal Guardian _____

Please mail your completed application and waiver form to:
Green Light New Orleans, P.O.Box 13564, New Orleans, LA 70185 or submit to Andi Hoffmann on the day of the event.