



VOLUNTEER RELEASE ACKNOWLEDGEMENT FORM

Name: _____
Address: _____
Phone: _____
Email: _____
Age: _____

Volunteer is a
[] Minor [] Adult
(Choose One)
If Minor, Parent/Guardian Name: _____

This document is hereby executed by _____ ("Volunteer") International Soap Box Derby, Inc., aka All-American Soap Box Derby (the "Derby"). The Volunteer desires to provide volunteer services for the Derby and engage in activities relating to assisting the Derby with

Event: _____

Volunteer understands that the scope of Volunteer's relationship with the Derby is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer, and that Volunteer is responsible for his/her insurance coverage in the event of personal injury or illness because of Volunteer's services to the Derby.

- 1. Waiver and Release. I, the Volunteer, release and forever discharge and hold harmless the Derby, its directors, officers, employees, agents, insurers, successors and assigns from any and all liability, claims, and demands of whatsoever kind or nature which arise from my service to or activities with the Derby.
2. Insurance. Further, I understand that the Derby does not assume any responsibility for or obligation to provide me with financial or other assistance, including, but not limited to, medical, health, or disability benefits or insurance of any kind in the event of my injury, illness, death, or damage to my property.
3. Assumption of Risk. I understand that the services I provide to the Derby may include activities that are hazardous to me including, but not limited to, being around or near gravity-powered cars being driven by youth.
4. Photographic Release. I grant and convey to the Derby all rights, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness made by Derby or its agents in connection with my providing volunteer services to the Derby.
5. Other. As a volunteer, I expressly agree that this Release is intended to be as broad an inclusive as permitted by the laws of the State of Ohio.

By signing below, I express my understanding and intent to enter into this Volunteer Release Acknowledgement Form willingly and voluntarily.

Signature

Date

Printed Name