# L9 CSED  VOLUNTEER  ACTIVITY  LIABILITY  WAIVER

**MUST CONTAIN ORIGINAL SIGNATURE**          **Your Organization Name** _____

The Undersigned _____ (print name), does hereby acknowledge and assume the risk of participation in any and all activities associated with the Lower Ninth Ward Center for Sustainable Engagement and Development (CSED) on Lower 9th Ward properties or any and all locations where CSED activities take place. He/she does hereby acknowledge that he/she will release the CSED, its officers, staff members, volunteers, advisors, property owners, and/or agents in any location where CSED 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 CSED 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 CSED as aforesaid.

As a passenger/driver of the CSED truck, I will not hold the CSED liable for any injuries beyond the CSED vehicle coverage.

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.

| *Your Information* | *Emergency Contact Information* |
|---|---|
| Name: | Name: |
| | Relationship: |
| Street Address: | Street Address: |
| City | City |
| State          Zip | State          Zip |
| Phone: | Phone (day): |
| E-Mail: | Phone (pm): |
| **Any special medical conditions or medications that emergency personnel should be aware of:** | |

Dated this _____ day of _____ (date)

**Signature of Participant** _____          Date of Birth _____

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 the CSED.

**Signature of Parent or Legal Guardian** _____