INDIVIDUAL ASSUMPTION OF RISK, RELEASE FROM LIABILITY, AND PHOTO RELEASE

PROJECT INFORMATION

Project Description: _____

Project Date(s): _____

Group: _____

PLEASE PRINT CLEARLY. REVIEW ENTIRE DOCUMENT. AND SIGN ON BACK PAGE

Last Name: _____ **First Name:** _____

Street Address: _____

City, State, Zip: _____

Home Phone:_____**E-Mall:** _____

Under 18 Years Old?: ____**YES** ____**NO** (IF YES, A PARENT OR LEGAL GUARDIAN MUST ALSO SIGN)

In case of emergency, please contact: NAME: _____

PHONE: (DAY) ___(EVENING) _ RELATIONSHIP: _____

The following Information may be needed by any hospital or medical practitioner not having access to the Volunteer/Participant's medical history (PLEASE WRITE ON BACK IF MORE SPACE IS NEEDED):

Allergies (medicine, food, etc):

Medications being taken:

Date of last tetanus shot:

Physical limitations:

Other medical issues we should be aware of:

1. I acknowledge that I have voluntarily applied to participate in restoration and other activities at various locations with the Boise County Wildfire Mitigation. I am not working in a paid position, and will receive no compensation for participating in Boise County Wildfire Mitigation activities.

2. As consideration for being permitted to participate in these activities and use Boise County tools and facilities, I hereby agree that I, my assignees, my heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach the property of Boise County its legal representatives, successors and assigns, or the suppliers of any of the tools or equipment that I will use in these activities, for injury or damage resulting from my negligence, intentional or unintentional, during the commission of my efforts for Boise County.

3. I hereby release Boise County and its legal representatives, successors and assignees from all actions, claims, and demands that I, my assignees, my heirs, distributes, guardians and legal representatives now have or may hereafter have for injury or damage resulting from my participation in Boise County activities.

4. I hereby release and forever discharge Boise County and its legal representatives, successors and assignees from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or participation in Boise County activities.

5. I understand that Boise County carries a minimal level of insurance coverage for volunteers to address medical needs, **but EACH VOLUNTEER IS ENCOURAGED TO ARRIVE WITH HEALTH INSURANCE COVERAGE IN EFFECT.**

6. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Idaho, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Idaho. I agree that if any clause or provision is ruled invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release shall continue to be enforceable.

7. I **AM AWARE THAT CUTTING, TRIMMING, LOGGING, AND OTHER ASPECTS OF WILDFIRE MITIGATION AND RELATED ACTIVITIES ARE HAZARDOUS. I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITIES OF BOISE COUNTY WILDFIRE MITIGATION WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND WITH THE KNOWLEDGE THAT MEDICAL FACILITIES MAY NOT BE AVAILABLE IN THE EVENT OF INJURY TO ME. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AND DEATH. AND VERIFY THIS STATEMENT BY SIGNING THIS DOCUMENT.**

8. If there is any violation of this agreement and Boise County is sued, or a claim is made against Boise County, I agree to indemnify Boise County and the others named in paragraph 3 and hold them harmless from any and all expense and liability. Such indemnity shall cover all reasonable expenses incurred by them, including but not limited to attorney fees.

AUTHORIZATION AND RELEASE FOR USE OF PICTURES IN ANY MEDIA

I **hereby grant Boise County, its legal representatives, successors and assigns, revocable permission to take and to copyright. In Its own name or otherwise, and re-use, publish and republish photographic portraits, pictures or similar Images or likenesses (collectively, the "Pictures") of me and my children and/or other minors for whom I am legally responsible, Including, without limitation, any other pictures In which I or they may be Included, In whole, In part. or altered using software. Through any medium, and in any and all media now or hereafter known for illustration, promotion, art, editorial, or any other purpose whatsoever. The pictures may be published In any manner, Including In non-commercial advertising, periodicals, trade show exhibits and other promotional applications. Furthermore, I will hold harmless Boise County, Its representatives, successors and assigns, from any liability arising from or In connection with the aforementioned Pictures.**

I affirm that I am 18 years of age or older and that I am competent to sign this agreement on my own behalf. I acknowledge that I have read the foregoing authorization and release and that I fully understand its contents.

_____ _____

(Signature and *Printed Name)* *(Date)*

Boise County volunteers **must be *16 years of* age or *older when the project site ls utilizing power tools/equipment.* Parental signature is mandatory for ALL volunteers UNDER 18 years old.**

_____ _____

(Parent/Legal Guardian's Name) *(Parent /Legal* Guardian's *Signature)*

_____

Phone Number