



# DAY EVENT - VOLUNTEER FORM AND RELEASE OF LIABILITY

Circle the Event and Enter the Date of Event Below (Circle One from below):

**Reno Area Events    Sac Area Events**

**YM Weekend (formerly Trek/Journey Wknd)**

**DATE:** \_\_\_\_\_

Thank you for volunteering with West Coast Honor Camp/NCANN Events (“WCHC”). We greatly appreciate your assistance and dedication in reaching children so that they would know, love, and serve Jesus Christ. WCHC takes the safety of you and the children we serve very seriously. Before you can participate in an event, you must complete this form.

**CHILD PROTECTION BACKGROUND SCREEN:** In responding to any question below, you do not need to provide information that is included in a record that has been sealed or expunged. If a matter is contained in a sealed or expunged record, you may state that no such record exists.

**Please answer the following questions:**

Yes No Have you ever pled guilty, been convicted or charged with any act of neglecting, abusing, injuring or molesting any child?

Yes No Have you ever been included on a child abuse/neglect registry?

Yes No Have you ever been included on a sex offender registry or treated as a sex offender?

*If your answer to any of the above questions is 'Yes,' you may not serve at today's event.*

This Release and Waiver of Liability (the “Release”) is executed in favor of West Coast Honor Camp/NCANN Events [“WCHC”], a Nevada not-for-profit corporation, its directors, officers, employees and agents.

You desire to work as a volunteer for WCHC and engage in the activities related to being a volunteer (the “Activities”). You understand that participation in the Activities may include strenuous physical activity, and hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Medical Treatment:** You hereby release and forever discharge WCHC from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with your activities with WCHC.

**Release and Wavier:** You hereby release and forever discharge and hold harmless WCHC and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from your Activities with WCHC and NCANN Events.

You understand that this Release discharges WCHC from any liability or claim that you may have against WCHC with respect to any bodily injury, personal injury, illness, death or property damage that may result from your Activities with WCHC, whether caused by the negligence of WCHC or its officers, directors, employees or agents or otherwise. You also understand that WCHC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**Assumption of the Risk:** You understand that the Activities may involve risk of property damage and of personal injury, illness or even death. By signing this Release of Liability, you warrant that you are fully capable of safely participating in all Activities, and you expressly assume the risk of injury or harm in the Activities and release WCHC from all liability for injury, illness, death or property damage resulting from the Activities.

**Photographic Release:** You hereby grant and convey unto WCHC all rights, title, and interest in any and all photographic images and video or audio recordings made by WCHC during your Activities with WCHC and NCANN Events.

**Severability.** If any portion of this Agreement is determined to be invalid or unenforceable under applicable law, the remainder of this Agreement shall remain valid.

You expressly agree that this Release is intended to be as broad and inclusive as permitted by the State of Nevada and that this Release shall be governed by and interpreted in accordance with the laws of the State of Nevada.

I affirm that all answers I have provided on this form are true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer – Print Name

\_\_\_\_\_  
Phone Number

\*If volunteer is age 13 to 17, parent/guardian must sign and date below:

Your Church Name \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Who will be supervising your teen at this event? Name of person: \_\_\_\_\_

**In case of emergency, please contact:**

Name: \_\_\_\_\_ Relationship to volunteer: \_\_\_\_\_

Phone Number: \_\_\_\_\_