Volunteer Release and Waiver Liability Form

Important: Each volunteer must sign this "Release and Waiver Liability" before working for the Naperville Independent Film Festival and the Arthur Ray Foundation. Read this waiver very carefully before you sign. Waiver is applicable 1 year from date of signature.

Release and Waiver of Liability
This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, 20___, by_____ in favor of The Arthur Ray Foundation, a nonprofit corporation organized and existing under the laws of the State of Illinois, USA and for the Naperville Independent Film Festival, an event held as a fund raiser for The Arthur Ray Foundation and each of their directors, volunteers, officers, employees, and agents (collectively, "NIFF"). The volunteer desires to work for NIFF events and engage in the activities related to being a volunteer during NIFF associated activities. I, the volunteer hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release**. I, the volunteer release and forever discharge and hold harmless NIFF 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 my volunteer work for NIFF. I, the volunteer understand and acknowledge that this Release discharges NIFF from any liability or claim that volunteer and minor may have against NIFF with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation in the NIFF projects. It is also understood that NIFF does not assume any responsibility for or obligation to provide financial assistance, payment, or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage. As a volunteer I agree and understand that I will receive no payment or rewards for my services beyond what may be offered by NIFF representatives at their discretion.

2. **Insurance**. I, the volunteer understand that I expressly waive any such claim for compensation or liability on the part of NIFF beyond what may be offered freely by the representative of NIFF in the event of such injury or medical expense.

3. **Medical Treatment**. I, the volunteer, hereby release and forever discharge NIFF from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the minor's time with NIFF.

4. **Assumption of Risk**. I, the volunteer, understand that the time with NIFF may include activities that may be hazardous to me including, but not limited to, loading and unloading of heavy equipment and materials, and transportation to and from event sites. Also I, the volunteer recognize and understand that the time with NIFF may, in rare situations, involve inherently dangerous activities. As the volunteer, I hereby expressly assume the risk of injury or harm in these activities and release NIFF from all liability for injury, illness, death, or property damage resulting from the activities of the minor's time at NIFF.

5. **Photographic Release**. As the volunteer, I grant and convey unto NIFF all right, title, and interest in any and all photographic images and video or audio recordings made by NIFF during the work with NIFF for all perpetuity.

6. **Other**. As the volunteer I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Illinois in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Illinois. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

To express my understanding of this Release, I sign here.

Signature of Volunteer:_X_____ Date:_____
Printed Name of Volunteer_____
StreetAddress:_____Phone:_____
City, State, Zip:_____Email:_____
Emergency Contact:_____ Phone:_____
Medical Conditions_____

If volunteer is under the age of 18 (a minor), this Release and Waiver of Liability must also be signed by a parent or guardian.
Name of Parent/Guardian:_____ Date:_____

Signature of Parent/Guardian_____