



Renaissance St. Louis, Inc.  
Volunteer Release and Waiver of Liability  
2008

**2008 Volunteer Release and Waiver of Liability**

*Please read carefully! This is a legal document that affects your legal rights!*

This RELEASE AND WAIVER OF LIABILITY (the "Release") executed on this \_\_\_\_ day of \_\_\_\_\_, 2008, by \_\_\_\_\_, (the "Volunteer") in favor of Renaissance St. Louis ("RSL"). The Volunteer and/or Guardian desire that the Volunteer (if a minor, in the care of \_\_\_\_\_) participate in the activities of RSL at any events of which the organization is a participant.

The Volunteer and/or Guardian do hereby freely execute this Release under the following terms:

**1. Waiver and Release.** By signing this Release, Volunteer and/or Guardian hereby release and hold harmless RSL and its successors and assigns, its directors, officers, employees, volunteers, and staff, from any and all liability, claims, and demands of whatever kind or nature which arise and may hereafter arise as a result of Volunteer's participation in Renaissance St. Louis activities.

Volunteer and/or Guardian understand that this Release discharges RSL, its directors, officers, volunteers, employees, and staff from any liability claim that the volunteer may have against RSL regarding any claim or demand that may result from Volunteer's participating in Renaissance St. Louis activities. Volunteer and/or Guardian also understand that RSL does not assume any responsibility for providing any assistance to Volunteer, including but not limited to medical, healthy, disability, or workman's compensation insurance.

**2. Medical Treatment.** Volunteer and/or Guardian release RSL from any claim whatsoever which arises or may hereafter arise as a result of any first aid, treatment, or service rendered in connection with the Volunteer's participation in Renaissance St. Louis Activities, or with the decision by any representative of Renaissance St. Louis to exercise the power to consent to medical or dental treatment.

**3. Assumption of Risk.** The Volunteer and/or Guardian understand the Renaissance St. Louis activities may include activities which may be hazardous to the Volunteer. Any food and medical facilities, which may be donated to Renaissance St. Louis, are beyond the control of RSL.

**4. Insurance.** RSL expressly disclaims any responsibility for providing any insurance for Volunteer, including, but not limited to health, medical, liability, or workers' compensation. EACH VOLUNTEER IS EXPECTED AND ENCOURAGED TO ARRIVE WITH MEDICAL OR HEALTH INSURANCE COVERAGE IN EFFECT.

**5. Photographic Release.** By signing this release, Volunteer and/or Guardian also transfer unto RSL all right, title, and interest in any and all photographic images and video and audio recordings made by RSL including, but not limited to, any royalty benefits or other proceeds that could be received from such photographs or recordings.

**6. Other** Volunteer and/or Guardian expressly agree that this release is permitted and governed by the laws of the State of Missouri. Volunteer and/or Guardian agree that if the event that any clause of provision of the release shall be held to be invalid by a court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise effect the remaining provisions of the release which shall continue to be enforceable.

**If minor:**

Minor's age at signing:

Minor's Birthday:

Level of Participation

Age 16-18. Minor may participate in RSL activities

Age 12-15. Minor may participate in RSL activities if parent or guardian is present

To age 12. Minor may participate in RSL activities accompanied by a parent or guardian.

All Minors must have medical and release forms signed by a parent or guardian in the present of the Cast Coordinator or other designated RSL staff members OR they may be signed and witnessed by a Notary Public. We must have a signed and notarized letter on file when the custodial parent is releasing the minor in the case of a guardian or noncustodial parent.

IN WITNESS WHEREOF, Volunteer and/or Guardian have executed this Release as of this day and year first above written.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Parent or Guardian Signature if under 18

\_\_\_\_\_  
Volunteer Print Name

\_\_\_\_\_  
Parent or Guardian Print Name

\_\_\_\_\_  
RSL Staff Member

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Witness Print Name