

## Volunteer Release and Waiver of Liability

This release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_, by \_\_\_\_\_ (the "Participant") in favor of **Denver Comic Con**, a non-profit corporation organized and existing under the laws of the State of Colorado, USA, its directors, officers, employees, volunteers and agents (collectively, "Denver Comic Con"). I, the Participant, desire to volunteer with Denver Comic Con to engage in the activities related to offering these services.

I hereby freely and voluntarily, without duress, execute the Release under the following terms:

**1. Waiver and Release.** I, the Participant, release and forever discharge and hold harmless Denver Comic Con from any claim or liability that I, the Participant, may have against Denver Comic Con with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation. I also understand that Denver Comic Con does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).

**2. Insurance.** Denver Comic Con does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for the Participant. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO VOLUNTEERING WITH DENVER COMIC CON.

**3. Medical Treatment.** Except as otherwise agreed to by Denver Comic Con in writing, I hereby release and forever discharge Denver Comic Con 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 my time with Denver Comic Con.

**4. Assumption of Risk.** I, the Participant, will perform only those assigned tasks which are within my physical capability, that I will not undertake tasks that are beyond my ability or physical capability, that I will notify my Team Leader of any assigned tasks which are beyond either my ability or physical capability, and that I will perform all assigned tasks to the best of my ability. I also understand that my participation may be limited if there is inadequate supervision, or if I fail to follow instructions or engages in behavior which, in the opinion of the Team Leader, is unsafe or inappropriate.

**5. Photographic Release.** I grant and convey unto Denver Comic Con all right, title and interest in any and all photographic images and video or audio recordings made by Denver Comic Con during my work for Denver Comic Con, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

**6. Background Check.** I understand that in order to volunteer, Denver Comic Con request that I submit to a background check, particularly when volunteering with children or finances.

**7. Other.** I understand that it is my desire to further the work of Denver Comic Con by performing services as a Volunteer. I undertake to perform said services as a Volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of Denver Comic Con. This agreement is valid for one (1) year from the date below.

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

**Participant Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian/Parent's Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Denver Comic Con  
Parental Consent/Medical Waiver/Indemnity Agreement**

I, \_\_\_\_\_ [parent's name], warrant that I am the guardian or parent having legal custody of \_\_\_\_\_ [name of minor], who was born on \_\_\_\_\_.

I understand and agree that Minor has the intention of volunteering for Denver Comic Con (herein referred to as DCC). I agree and consent to Minor's participation at DCC. I understand and agree that DCC is not responsible for providing food, transportation, or lodging for Minor.

In the event of an accident or injury to Minor while volunteering, I authorize DCC, to seek and obtain medical and/or dental treatment and/or care for Minor. This authority granted by this Parental Consent/Medical Waiver/Indemnity Agreement includes the authority to consent to any medical and or dental treatment and/or care to be rendered by Minor under the general and/or specific supervision of a qualified physician, surgeon or dentist.

Furthermore, I agree to indemnify, defend and hold harmless DCC, from any and all damages, losses, claims, liabilities, charges, suits, penalties, costs and/or expenses, including but not limited to court costs, attorneys' fees and expenses, resulting from any act (whether intentional or not), omission or negligence of Minor and/or from any injury occurring to Minor.

Signature of guardian/parent: \_\_\_\_\_

**Emergency Contact information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

**Background Check Form for Denver Comic Con (DCC)**  
**Confidential**

Volunteer Name (First, Middle, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize DCC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to DCC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have.

I hereby release DCC, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If under 18 years old:**

I, legal guardian/parent of \_\_\_\_\_, do hereby declare that I voluntarily agree to allow said child to have a background investigation conducted by Denver Comic Con. I do hereby waive in my behalf, and in behalf of said child, all rights and do voluntarily agree that background investigations may be performed.

In consideration of and as an inducement for Denver Comic Con to perform a background investigation on my child, I do hereby release Denver Comic Con, Inc., its officers and employees from any and all liability whatsoever as a result of said child having a background investigation performed and the transmitting and utilization of the results thereof.

Legal Guardian or Parents' Signature: \_\_\_\_\_

Legal Guardian or Parents' Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_