



Heritage Hill State Historical Park Agreement and Release from Liability

Voluntary Participation

I, _____ acknowledge that I have voluntarily applied to participate in activities at Heritage Hill State Historical Park as a volunteer and not as an employee or agent of Heritage Hill State Historical Park, Heritage Hill Corporation or the Department of Natural Resources and as such I am not eligible for Worker's Compensation benefits.

Assumption of Risk

I am aware of any hazardous activity I may be involved in. I am voluntarily participating in this activity with knowledge of the risks involved. I hereby agree to accept any and all risks of injury or death that may result from my participation in this activity.

Release from Liability

As consideration for being permitted by Heritage Hill State Historical Park to participate as a volunteer, and as consideration for Heritage Hill State Historical Park assisting in arranging the activity, and for the good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, I hereby irrevocably and unconditionally release, waive, discharge and covenant not to sue or attach the property of Heritage Hill State Historical Park or any of their affiliates, subsidiaries, departments, members, directors, officers, employees and agents (collectively referred to as "Releases"), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to all liability, on account of death, injury, or damage resulting from the negligence or other acts, however caused, of the Releases as a result of my action or inaction. I understand that I am giving up my legal rights and the rights of my representatives to recover from injury, death, or property damage.

Expectations

I understand that I will be expected to abide by all museum rules, regulations, ethics, security, and safety policies and that I must sign this Volunteer Waiver Agreement prior to volunteering. It is also understood that Heritage Hill does a background check on employees and volunteers to ensure safety of all visitors, staff and volunteers at the park.

Medical Treatment

In the event of a medical emergency during the course of the activity, or transportation to or from the activity, which in the opinion of the attending physician may endanger my life, cause disfigurement, physical impairment or undue discomfort if delayed, I authorize treatment by a qualified and licensed medical doctor.

Release for Use of Likeness or Recording

In consideration of the publicity benefits to me and of my involvement at Heritage Hill, I hereby give to Heritage Hill, its nominees, agents and assignees and anyone publishing under its authority ("Heritage Hill"), unlimited permission to use, publish and republish reproductions of my likeness and voice, with or



HERITAGE HILL
STATE HISTORICAL PARK

without use of my name. I hereby agree to hold Heritage Hill harmless from any liability arising from the use of my likeness, voice or name in conjunction with this agreement.

Knowing and Voluntary Execution

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between me and Heritage Hill State Historical Park and/or their affiliates. No oral representations, statements or inducements apart from this agreement have been made to me. I sign this agreement of my own free will.

Date

Print Name of Participant

Signature of Participant

Date of Birth of Participant _____

Consent of Parent or Legal Guardian if Applicant is a Minor _____

Signature of Parent or Guardian

Participant Address _____ City _____

State _____ Zip _____ Telephone _____

Email _____

Emergency Contact (must provide at least one)

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____