

## Friends of the Chicago River – Adult Volunteer Information & Release

**PLEASE PRINT CLEARLY. ALL INFORMATION IS REQUIRED.**

Last Name, First Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### **VOLUNTEER RELEASE**

I wish to volunteer for an event sponsored by Friends of the Chicago River, an Illinois not-for profit corporation ("FCR"). I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar conditions, or other potential risk of bodily injury to me or others and damage to property of mine or others. **Knowing this and in consideration of being allowed to volunteer my services and labor free of charge to FCR,**

1. I assume full and complete responsibility for any personal injury and/or property damage that I sustain or cause during my participation as a volunteer.

2. On behalf of myself and my heirs, assigns, trustees, receivers, administrators, executors and agents, I agree to release and forever discharge FCR, its event partners and/or cosponsors, their directors, members, managers, officers, employees, agents, volunteers, invitees, sponsors, cash donors, in-kind donors, and all other persons or entities whomsoever (the "Released Parties"), of and from any and all actions, demands, losses, liabilities or claims known or unknown, which I may have arising out of my service as a volunteer for FCR. Additionally, I release any subrogation rights that might arise. I understand that this Release discharges the Released Parties for any liability or claim that I may have against the Released Parties with respect to any bodily injury, personal injury, illness, death or property damage that may result from my volunteer activities on behalf FCR whether caused by the negligence of the Released Parties, except to the extent expressly prohibited by Illinois law. I also understand that FCR 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.

3. I irrevocably grant to FCR, and its successors, licensees, and assigns and anyone authorized by any of them, forever hereafter the right to use separately or together, my name, likeness, identity, or photograph in whole or in part, with such additions, alterations or changes, and/or in conjunction with any text or other photograph or artwork of any kind without any restriction or limitation thereon, as FCR may in its discretion make or authorize in any and all media, now known or later developed, without territorial, time, use or other limitation and to use, sell, distribute, publish, or republish any of the aforesaid for any purpose whatsoever. I release and agree to hold FCR harmless from any and all claims of any kind which I, my heirs, executors, and assigns, may have arising out of or in connection with FCR's use.

Partial invalidity of any portion of this Release shall not affect the validity of the remainder. I have read, or have had read to me, this Release prior to its execution and am fully familiar with its contents. I certify that I am at least 18 years old and competent to contract.

**Date** \_\_\_\_\_

**Event location** \_\_\_\_\_

**Signature** \_\_\_\_\_