

**WORK EXCHANGE AGREEMENT AND LIABILITY RELEASE**

**VOLUNTARY PARTICIPATION.** I acknowledge that I have voluntarily applied to work at Northwest String Summit at Horning’s Hideout in North Plains, OR (the “Event”). I understand that as a work exchange member I will not be paid for my services, that I will not be covered by nor eligible for any insurance coverage provided or maintained by String Summit, LLC (the “Promoter”) and their respective employees, agents, officers, directors, trustees, shareholders, subcommittees, agents, members, employees, contractors, representatives, sponsors, volunteers, successors and assigns (collectively, the “Released Parties”), including but not limited to medical, property and liability insurance, and volunteers compensation benefits. I further agree that the Promoters of the Event may terminate my participation at any time.

**ASSUMPTION OF RISK:** I AGREE THAT I DERIVE A MATERIAL BENEFIT FROM MY PARTICIPATION AND/OR INVOLVEMENT IN THE EVENT. BY EXECUTION OF THIS AGREEMENT, I EXPRESSLY AND UNCONDITIONALLY ASSUME ALL RISKS AND DANGERS KNOWN OR UNKNOWN, FORESEEN OR UNFORESEEN, AND RELATING TO OR INCIDENTAL TO MY PARTICIPATION OR INVOLVEMENT IN THE EVENT AND ANY ACTIVITY ASSOCIATED THEREWITH. IN FURTHERANCE THEREOF, I AM AWARE THAT I MAY BE EXPOSED TO PERSONAL INJURY OR DEATH, OR DAMAGE OR LOSS TO MY PROPERTY AS A RESULT OF MY ACTIVITIES, THE ACTIVITIES OF OTHERS OR THE CONDITIONS UNDER WHICH MY SERVICES ARE PERFORMED. WITH KNOWLEDGE OF THESE RISKS, I AGREE TO ACCEPT ANY AND ALL RISKS OF PERSONAL INJURY OR DEATH OR DAMAGE TO MY PROPERTY, AND I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_.

**RELEASE.** In consideration of the opportunity afforded me to participate in the Event, I hereby agree that I, my successors, assignees, heirs, guardians and legal representatives hereby release, forever discharge and hold harmless the Released Parties, for any and all claims, damages, liabilities, costs, expenses, injury, death or damage resulting from the acts or omissions of any person or entity, however caused, arising from or in any way related to my participation in the Event and all activities associated therewith. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions or causes of action resulting from personal injury to me or my death, or damage to or loss of my property, sustained in connection with my participation in the Event. I further consent to the unrestricted use by the Promoters and/or any person authorized by them of any photographs, recordings, interview, videotapes, motion pictures or similar visual or auditory recording of me created in connection with the Event. INITIALS HERE: \_\_\_\_\_.

COVID protocols- Contractor agrees to follow all state, local and federal guidelines. Volunteers are strongly advised to be fully vaccinated which means having received all required shots at least two weeks out from event. Fully vaccinated people shall not be required to wear masks; but shall still adhere to federal, state and local requirements. People who are not fully vaccinated, shall follow CDC, state and local requirements pertaining to mask wearing, distancing, and other requirements. INITIALS HERE \_\_\_\_\_

If any provision of this Agreement shall for any reason be held invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision hereof and this Agreement shall be construed as if such invalid or unenforceable provision were omitted. The waiver and release granted by me hereunder is legally binding and shall be considered irrevocable. I agree that the Released Parties may rely upon this Agreement to fullest extent permissible at law or in equity. In the event of litigation that jurisdiction shall be in Boulder County, Colorado.

**KNOWING AND VOLUNTARY EXECUTION:** I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A CONTRACT BETWEEN MYSELF AND THE RELEASED PARTIES AND A RELEASE OF LIABILITY, AND I SIGN IT OF MY OWN FREE WILL. BY SIGNING THIS AGREEMENT, I CERTIFY THAT I AM EIGHTEEN YEARS OF AGE OR OLDER. I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED BELOW IS TRUE, ACCURATE AND COMPLETE IN ALL RESPECTS.

Executed at (city/state) \_\_\_\_\_, on (date) \_\_\_\_\_, 2018.

Volunteer’s Signature \_\_\_\_\_ Volunteer’s Name (Please

Print) \_\_\_\_\_

Volunteer’s

Address \_\_\_\_\_

Volunteer's Telephone Number \_\_\_\_\_

Volunteers E mail \_\_\_\_\_

Volunteer's Age \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_