

The Great Passion Play

VOLUNTEER PROGRAM  
WAIVER OF LIABILITY & PERMISSION FORM

It is agreed that I, \_\_\_\_\_, on behalf of myself, my heirs, assigns and estate, as a participant in the Great Passion Play (“GPP”) *Volunteer Program* shall waive liability by and save and hold harmless from any and all claims against the GPP, its directors, officers, employees, agents, contractors or volunteers. I understand and agree that in return for this waiver and the other promises herein the GPP will permit me to participate in the *Volunteer Program* on the terms and conditions specified by the GPP.

It is further agreed that the undersigned is fully aware of the nature and extent of the potential hazards of working on the grounds of the GPP and of the nature and potential hazards of the volunteer work to be performed, and agrees that the GPP shall not be responsible or liable for any and all injuries sustained by me, as well as any loss, damage or expense arising out of my participation in the *Volunteer Program*. I grant permission to the GPP to utilize any medical emergency services it deems necessary to treat injuries to me.

I also agree to be personally responsible and liable for any and all injury, harm or any other incident that may occur to me before, during and after transit to and from the GPP. I understand that if I engage in behaviors considered by the GPP to be dangerous to myself, to the visiting public, guests, officers and employees of the GPP and/or to other volunteers, or which is contrary to the mission, goals or public image of the GPP, I may be removed from the program.

For the promises contained in this agreement I hereby grant and convey to the GPP all rights, title, and interest in any and all photographic images and video-audio recordings of me made in connection with activities conducted by the GPP, to be used for publicity, advertising, trade, editorial or any lawful purpose whatever.

The Volunteer understands that, except as otherwise agreed to by the GPP in writing, the GPP does not carry or maintain workers’ compensation, health, medical, or disability insurance coverage for any volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

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

Medical Information

I have the following allergies (food, animal, medical, etc.): \_\_\_\_\_

I have the following medical conditions (diabetes, seizures, heart conditions, etc.): \_\_\_\_\_

Name and phone # of my Primary physician: \_\_\_\_\_

Name and phone # of my emergency contact: \_\_\_\_\_