



Volunteer Waiver and Release Form

Volunteer Name: _____

Check here if Volunteer is under age 18

Contact E-mail (required): _____

Parent or Legal Guardian Email (required if Volunteer is under age 18): _____

Address: _____

Phone: _____

Emergency Contact

Name: _____

Relationship to Participant: _____

Phone Number: _____

**VOLUNTEERS MUST COMPLETE THE
WAIVER AND RELEASE FORM**

***PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED
IF VOLUNTEER IS UNDER AGE 18***

Seattle Children's Theatre
201 Thomas Street
Seattle, WA 98109
info@sct.org
volunteering@sct.org
206-443-0807

WAIVER AND RELEASE FORM

RELEASE OF LIABILITY

In return for being allowed to participate in Seattle Children's Theatre (SCT) volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the under-signed **Volunteer or Parent/Legal Guardian** of Volunteer if Volunteer is under age 18 (hereafter re-ferred to using "I", "me", or "my") releases and agrees not to sue the SCT or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates ("SCT") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property dam-age, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that SCT is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless SCT for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that SCT have not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of SCT.

(Signature of Volunteer)

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

(Signature of Parent/Legal Guardian if Volunteer is Under 18)

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.



SEATTLE
CHILDREN'S
THEATRE

CONDUCT WITH MINORS POLICY ACKNOWLEDGMENT

I acknowledge that I have received and read a copy of SCT's Conduct with Minors Policy, I accept responsibility for familiarizing myself with the information and guidelines it contains, and I will abide by this policy while employed at Seattle Children's Theatre.

EMPLOYEE SIGNATURE:

DATE:

PRINTED NAME: