



Ronald McDonald House Charities® (RMHC®)
of Greater Las Vegas

2323 Potosi St., Las Vegas, NV 89146 * 702.252-4663 * www.rmhlv.org

2018 Volunteer Liability Release Form

Date of (Volunteer) Event: _____

Name of Organization/Group: _____ Contact Person(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Cell: (____) _____ Alternate Ph: (____) _____ E-Mail Address: _____

Please check the event(s) you are participating in: Dinner Program Weekend Breakfast Program Cookie Crew
 Lunch Program (making/delivery) House Special Event: _____ Other: _____

Each group member must sign below (if volunteer is under 18, a parent or guardian's signature is required)

As a volunteer for Ronald McDonald House Charities® (RMHC®) of Greater Las Vegas, I, the undersigned, exempt and relieve RMHC® of Greater Las Vegas and their directors, trustees, employees and staff from liability for personal injury, property damage or wrongful death caused by negligence. I understand that RMHC® of Greater Las Vegas does not require my participation as a volunteer. I hereby release and discharge RMHC® of Greater Las Vegas and their directors, trustees, employees and staff from all claims and liability including all claims and liabilities from negligence arising from my participation as a volunteer. I further agree to hold harmless and indemnify RMHC® of Greater Las Vegas and its agents for all defense costs, including attorney's fees, and any other costs resulting in connection with my participation as a volunteer.

*By checking the box in the right hand column, you grant RMHC® the right to use photos taken of you at this event for marketing purposes. Please see the reverse of this sheet for the full Ronald McDonald House Charities® Grant, Assignment, Release, and Waiver.

Name (PLEASE PRINT CLEARLY)	Age if under 18	PRINT E-mail address (If no email, please provide phone number)	Signature Required -if under 18 a parent or guardian must sign	Date	Yes, you can use my photo
1)					<input type="checkbox"/>
2)					<input type="checkbox"/>
3)					<input type="checkbox"/>
4)					<input type="checkbox"/>
5)					<input type="checkbox"/>
6)					<input type="checkbox"/>
7)					<input type="checkbox"/>
8)					<input type="checkbox"/>
9)					<input type="checkbox"/>
10)					<input type="checkbox"/>



For Office Use Only	Staff Initials _____	Photo Reference
Photographer: _____		Date/Month: _____
<input type="checkbox"/> Activity/Event: _____		
<input type="checkbox"/> Group/Org: _____		
<input type="checkbox"/> Volunteer <input type="checkbox"/> Family Member <input type="checkbox"/> Donor		
<input type="checkbox"/> Copies requested, contact: _____		
<input type="checkbox"/> Additional Information: _____		

Ronald McDonald House Charities® Grant, Assignment, Release and Waiver

I hereby grant to Ronald McDonald House Charities® (RMHC®), its local Chapters and programs, advertising and promotional agencies, and their agents (collectively, "RMHC®"), the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of myself. These materials may appear in any form, style, color or medium whatsoever now or hereafter known (including, without limitation, photographs, videotapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media).

I agree that all materials containing any identifiable representation of me (including, without limitation, all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of RMHC®, and I hereby assign any proprietary right I may have acquired in or to such material to RMHC®. I hereby release and forever discharge RMHC® from any and all liability and damages relating to the use of my name, voice, likeness or any other identifiable representation of me.

I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporates my name, voice, likeness or any other identifiable representation of myself.

I have agreed to the above in consideration of the opportunity given to me by RMHC® to appear in these materials. I acknowledge that I have fully read and understand this document and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction. ***I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian.***