



ASSUMPTION OF RISK, RELEASE AND INDEMNITY AGREEMENT

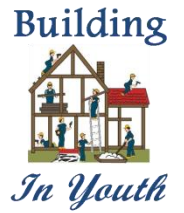
(ADULT—not for minors)



CWCf | Construction Workers
CHRISTIAN FELLOWSHIP

929 Fir Street, Longview, WA 98632

information@hh4c.org



Personal Information:

Name of Adult Participant _____

Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone Number (day) _____ (evening) _____

Email _____

Emergency Contact Name _____ Phone Number _____

Emergency Contact Relationship _____

Medical Information:

Relevant medical conditions, allergies, etc. _____

Name of primary care doctor _____ Phone Number _____

Insurance Co and Plan Name _____ Group Name/Number _____

Member Name _____ Member ID Number _____

In consideration of the Construction Workers Christian Fellowship (“CWCf”) allowing me to volunteer on a construction job site where CWCf is providing consulting or assistance (the “Job”), I agree to the following:

1. Voluntary participation. I agree that my involvement in the Job is voluntary.
2. Publicity Release. I grant CWCf permission to record, use, reproduce, and publicly display pictures, video, or audio of my involvement in the Job.
3. Risk of Serious Injury or Death. I understand that the Job involves risks that may result in serious injury or death. These risks include, but are not limited to, strenuous physical exertion,

falls or other accidents, extreme conditions, and lack of available medical care. I voluntarily assume all such risks.

4. No Duty to Act on Specific Conditions. I understand and agree that CWCf is not qualified to provide medical evaluation or treatment and that the number of participants limits the ability of CWCf to provide special care or attention to me. Therefore, I understand and agree that CWCf has no duty to utilize the information above regarding medical conditions or other limitations that affect me.

5. Authorization to Engage Medical Treatment. I grant permission for CWCf to authorize medical treatment for me, to call 911 for emergency medical aid, or take other measures to secure medical treatment if, in CWCf's sole and absolute judgment, I become ill, sustain an injury, or otherwise require medical treatment. I give consent to any physician, emergency aid responder, or other health care provider to administer drugs or medicine or to perform such medical treatment as such person determines necessary for the relief of pain or to preserve my life or health. I assume full responsibility for all medical, rescue, transportation, and other expenses incurred on my behalf and will fully and immediately reimburse CWCf for any of these expenses that CWCf, in its sole and absolute discretion, chooses to advance.

6. Coverage of Medical Expenses. I understand that the effect of this release means that CWCf's liability insurance, and the liability insurance of any co-sponsors, hosts, or related organization, if any, would not provide coverage for any death, injuries, or medical expenses sustained by me. Therefore I agree that I have the necessary and appropriate medical, disability, and life insurance coverage to protect me and my survivors in the event of my injury or death.

7. Choice of Law and Venue. The headquarters for CWCf are located in Cowlitz County, Washington. Regardless of the location of the Job throughout the world, I agree that as a material term of this release agreement, any dispute arising out of this release agreement or my participation in the Job, whether in contract, tort, or otherwise, will be governed by the laws of the State of Washington and venue will be in Cowlitz County Superior Court or the federal courts for the Western District of Washington. In the event I or my successors bring a claim in any other jurisdiction, I will reimburse CWCf for its reasonable attorneys' fees associated with transfer of venue to Washington.

8. Release of Claims. **I release and agree to indemnify the CWCf (and any co-sponsors, hosts, or related organizations), their officers, directors, employees, agents, and volunteers (collectively, "Released Parties"), from all claims and liabilities of any kind, known or unknown, including, but not limited to, claims based on the negligence of Released Parties (either individually or collectively), related to or arising, directly or indirectly, from my participation in the Job, including travel to and from the Job. This release is binding on me and my personal representative and heirs. I have carefully read this document and understand what it says.**

Signature

Date

Printed Name