

Every One Matters, Inc.
Participation & Liability Release Form

I, the undersigned, for myself, personal representatives, assigns, and next of kin;

1) Hereby certify that I am of sound mind, body and health capable of following out the tasks required and asked of me while participating/volunteering in the Every One Matters, Inc. service projects.

2) Hereby promise not to sue; release and discharge Every One Matters, Inc., SFPD Operation Dream, and the San Francisco Unified School District, their officers, owners, directors, agents, employees, independent contractors and all associated in any way with the schools, individuals and communities they serve (collectively, the “released parties”) from any and all liabilities to myself, personal representation, assigns, heirs and next of kin and any claim or demand therefore for negligence of the released parties.

3) Hereby agree to indemnify and save and hold harmless the released parties and each of them for any loss, liability, damage, or cost they may incur due to my attendance of participation in all activities in association with Every One Matters, Inc.

4) Hereby warrants that the following statements are true and correct and understands that the released parties have relied upon them in permitting the undersigned to attend and participate with activities related to and with Every One Matters, Inc.;

a) None of the released parties has made any oral representation, statements or other inducement to myself other than those set forth in this written agreement.

b) I am eighteen years of age, or older.

c) I assume full responsibility for all risk of loss, bodily or emotional injury and death whether due to the negligence of the releases or otherwise; and

d) I have read and understand and voluntarily sign this Every One Matters, Inc. participation release form.

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My current contact information:

Date: _____

Full Name (print): _____

Signature: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____

Email address: _____ @ _____

In case of an emergency, please contact:

Full Name (print): _____

Relationship: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____

How did you hear about our event?

