

# One Reel Volunteer Information Liability Release and Waiver Form (ADULT –18 Years of Age & Older)

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## PARTICIPANT INFORMATION

Participant's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Permanent Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

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## MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First \_\_\_\_\_ Backup Contact (Relative or Friend) \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Relation to Participant \_\_\_\_\_ Relation to Participant \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Name of Family Doctor \_\_\_\_\_ Office Number \_\_\_\_\_  
Name of Dentist \_\_\_\_\_ Office Number \_\_\_\_\_

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## INSURANCE POLICY INFORMATION

The above-named participant is covered by health insurance.  Yes\*\*  No\*

\* If no, initial this line stating that you do not have health insurance and are aware that One Reel does not carry any health insurance for you.  
Worker's compensation may apply to work-related injuries.

\*\* If yes, provide the following information which is required by One Reel to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name \_\_\_\_\_ P.H.'s Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Relation to Participant \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Occupation \_\_\_\_\_  
P.H.'s Employer's Name/Address \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_  
Policy # \_\_\_\_\_ Plan # \_\_\_\_\_

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## Health Information (Please Print)

Do you have any of the following conditions or a history of any of the following conditions? (**Check all that apply.**)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Bronchitis                              | <input type="checkbox"/> Fainting Spells                           |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Ear Infections                          | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Convulsions/seizure | <input type="checkbox"/> Hay Fever                               | <input type="checkbox"/> Chronic bone, muscle or joint injuries    |
| <input type="checkbox"/> Migraine headaches  | <input type="checkbox"/> Other condition(s): (Please list) _____ |  |

Allergies or reactions: (**Check all that apply.**)

- |   |   |   |                                 |                                  |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Aspirin                | <input type="checkbox"/> Penicillin           | <input type="checkbox"/> Dairy              | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect bites or stings | <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> Other (list) _____ |                                 |                                  |

Are you currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

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Date of last tetanus shot (approximate if necessary): \_\_\_\_\_

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**TO BE READ AND SIGNED BY PARTICIPANT**

**BEHAVIOR EXPECTATIONS OF THE PARTICIPANT**

It is important to follow the directions of the One Reel Festival program coordinators(s) at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

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**TO BE READ AND SIGNED BY PARTICIPANT**

I understand that I must be healthy and reasonably fit in order to participate safely in festival activities or office duties, and that I will inform One Reel's volunteer coordinator of any medication, ailment, condition, or injury that may affect my ability to participate safely.

**MEDICAL EMERGENCY PERMISSION\***

My health history is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to One Reel's staff or volunteer coordinator to provide routine health care and seek emergency treatment, including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for myself, I give permission to the physician/hospital selected by the One Reel staff or volunteer to secure and administer treatment to me, including hospitalization. (\*If you cannot sign this section of the form for any reason, contact the One Reel volunteer coordinator regarding a legal waiver in order to attend and participate.)

\_\_\_\_\_initial \_\_\_\_\_date

**PUBLICITY/IMAGE/VOICE PERMISSION**

One Reel normally takes photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you. Unless you request otherwise, your initial below will be considered permission for One Reel to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to One Reel using your image or voice in this manner, please notify the program coordinator.

\_\_\_\_\_initial \_\_\_\_\_date

**TRANSPORTATION**

I understand that if personally-owned vehicles are used as transportation to and from One Reel events or activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. One Reel does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Washington.

\_\_\_\_\_initial \_\_\_\_\_date

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY (*Please read carefully.*)**

I agree to participate in the One Reel festivals volunteer program. I understand that festival project activities/events may involve certain risks of physical activity and possible injury and that One Reel and its volunteer program will provide each participant with reasonable care, but that One Reel cannot guarantee that I will remain free of injury. I nonetheless wish to participate in the festivals volunteer program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS One Reel, AEG LIVE LLC, Seattle Center, and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my participation in the One Reel festivals volunteer program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(The Youth Volunteer Form must be signed by the parent or guardian if the Participant is under 18 years old)

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**... and justice for all**

The U.S. Equal Employment Opportunity Commission prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Many materials can be made available in alternative formats for persons with disabilities.