



Participation Waiver

In consideration for participating as a volunteer at New Day, from _____ to _____ I assume responsibility for all my actions while at New Day facilities, traveling to and/or from New Day's facility, or engaged in any activity under the supervision or direction of New Day staff and volunteers.

Furthermore, I do hereby release and forever discharge and hold harmless New Day Group, its officers, directors, trustees, employees, associates, representatives and volunteers from any loss, personal injury, accident, misfortune or damage to myself or my property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of myself and my property.

Signature of Participant

Printed Name

Date

* If you are under 18, you MUST have parental consent.

I, the parent or guardian of _____, give my voluntary consent to his/her participation as a volunteer at New Day, from _____ to _____. I do hereby release and forever discharge and hold harmless New Day Group, its officers, directors, trustees, employees, associates, representatives and volunteers from any and all liability resulting from events beyond control.

In the event of an accident, injury, or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance. In the event of an accident, injury, or illness, the above stated and its agents will make every effort to contact parents/guardians immediately if necessary.

Furthermore, I do hereby release and forever discharge and hold harmless New Day Group, its officers, directors, trustees, employees, associates, representatives and volunteers for any loss, personal injury, accident, misfortune, or damage to the above name or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named.

Signature of Parent/Guardian

Date

(_____) _____

Printed Name of Parent/Guardian

Phone Number