



VOLUNTEER Registration, Release and Waiver, and Emergency Contact Information

Name of Volunteer _____ △ Adult △ Child

Address _____
Street / PO Box City State Zip

Phone Numbers _____
Day Evening Mobile

Email: _____

In reference to this Registration, it is understood that Incline Village General Improvement District (IVGID) is a governmental entity formed under Nevada Revised Statute 318. IVGID (aka) - **Diamond Peak Ski Resort, Incline Village Parks & Recreation, The Golf Courses at Incline Village, and Public Works & Utilities.**

The volunteer agrees to volunteer his/her services to IVGID in the capacity of:

| | | |
|----------------------|-----|---------------------------|
| _____ | for | _____ |
| Activity /Service | | Department |
| _____ | | _____ |
| Date Activity Begins | | Date-Registration Expires |

Volunteer agrees:

- 1) To perform this service for IVGID for civic, charitable or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered;
- 2) To offer this service freely and without pressure or coercion, direct or implied, from IVGID;
- 3) That he/she is not employed by IVGID to perform the same type of services as those for which he/she is agreeing to volunteer;
- 4) That IVGID does afford worker's compensation benefits to volunteer;
- 5) That if requested, he/she will be afforded a list of any inherent risks for the activity agreeing to volunteer.

If for any reason, the volunteer cannot keep this commitment, the volunteer will notify his/her supervisor in advance. Volunteer understands that they will be responsible for selecting activities that are well within volunteer's physical ability to perform, and that volunteer may refuse to perform activities or provide services with which they are uncomfortable at any time.

⇒Please initial to indicate you have read and understand the above _____

INHERENT RISKS IN THE ACTIVITY AS NOTED

The inherent risks of _____ are hereby defined, but not limited to this definition, as those dangers or conditions, which are an integral part of the activity. Inherent Risks include:

Such inherent risks can result in personal, bodily injury including death and/or property damage.

⇒Please initial to indicate you have read the above and accept the inherent risks as noted _____

Assumption Of Risk I understand that there are inherent risks in the activity, as described above, and that anyone participating in such an activity may be exposed to the risk of bodily injury and/or property damage due to the nature of such activities. I acknowledge that I have read and have initialed the inherent risks noted and I agree to assume such risks either for myself and/or for my minor child in voluntarily choosing to participate in the proposed activity.

⇒Please initial to indicate you have read and understand the above_____

RELEASE OF LIABILITY

To the fullest extent permitted by law, I hereby, for myself, for my minor, and/or for my heirs, executors, and administrators, do hereby **RELEASE, HOLD HARMLESS, AND INDEMNIFY** IVGID, the organizers and/or sponsors of this activity, its officers, representatives, agents, trustees, and employees (collectively, "Released Parties"), from any and all liability for any claims, losses, liabilities, or damages (including for bodily injury or death, or property damage), that may arise due to my participation or my minor child's participation in the proposed activity, and hereby covenant not to sue the Released Parties, for any such claims, losses, liabilities or damages, regardless of whether or not they were caused by the Release Parties' negligence. Notwithstanding the foregoing, this paragraph shall not be deemed to require the release of any claims caused by the gross negligence, recklessness, or intentional conduct of the Released Parties but only to the extent such release of claims would be prohibited by Nevada law.

I declare that I have read and understand the contents of this form including the inherent risks noted above. I am aware that in consideration for being allowed to participate in the proposed activities by the District, this **RELEASE OF LIABILITY** is contract between myself and IVGID and that I sign it voluntarily, of my own free will.

⇒Please initial to indicate you have read and understand the above_____

INDUSTRIAL INSURANCE / WORKERS' COMPENSATION COVERAGE

The undersigned understands that Nevada Revised Statutes (NRS) 616A.130 states that persons who perform volunteer work in any formal program which is being conducted by a state or local public organization may be deemed to be employees covered by the industrial insurance / workers' compensation insurance program when the organization *approves* such coverage for volunteers.

IVGID is a governmental entity and participates in a pooled program of self-insurance that provides industrial insurance coverage under NRS Chapter 616A through 616D for IVGID's volunteers. I do hereby accept the benefits of industrial insurance provided to me to cover costs related to personal injuries or accidents I or my minor child may sustain in the course of the proposed volunteer activities for IVGID. I understand that industrial insurance law, NRS Chapters 616A to 616D, provides that my acceptance of benefits under industrial insurance law may preclude my ability to seek any other kinds of damages against IVGID that could have been available to me under any other law.

⇒Please initial to indicate you have read and understand the above_____

Emergency Contact / Consent for Emergency Treatment

Volunteer understands that the following information will only be used to contact the designated person listed below in a medical or incident emergency by IVGID. Volunteer further understands and expressly consents to IVGID furnishing first aid care to Volunteer or Volunteer's minor child in emergency circumstances where Volunteer is unable to consent or refuse consent for treatment, including but not limited to, emergency transportation to a facility where appropriate emergency medical care can be provided.

Emergency Contact _____ Relationship to Volunteer: _____

Emergency Contact Number: _____ Please ✓ one: ☐ Cell Phone ☐ Home Phone

SIGNATURES

Name of Parent / Guardian if Volunteer is a Minor: _____
(Please Print)

Signature: _____ Date: _____
(Of Volunteer or Parent / Guardian if Volunteer is a Minor)