



# WOUNDED WARRIOR PATROL

Wounded Warrior Patrol, Inc.  
www.woundedwarriorpatrol.org



## Acknowledgement of Risk and Release of Liability 2011-2012

In consideration of being allowed to participate in Wounded Warrior Patrol, Inc. programs, related events and/or other activities, or serve as volunteer for the same, I, and/or the person for which I am legal guardian, acknowledge and agree to the following:

1. Understand that the Wounded Warrior Patrol, Inc. and/or its sponsors will provide compensation in the form of a complementary lift ticket for each day of volunteer work. Under no circumstances will I seek to transfer this lift ticket to any skier other than that volunteer for which the lift ticket is designated by a Wounded Warrior Patrol, Inc. board member. Such action will result in loss of compensation.
2. Agree to abide by the code of conduct as established in the Wounded Warrior Patrol, Inc. Volunteer Agreement. I will have reviewed and signed the Volunteer Agreement prior to acting in a volunteer capacity with Wounded Warrior Patrol, Inc.
3. Understand that my ski lesson, course or program will involve risk, which may be greater than most people encounter in their daily lives. Providing enriching programs in a risk-managed environment is a priority of Wounded Warrior Patrol, Inc. It is, however, impossible to eliminate all risks. It is very important that you follow all directions given by Board Members and that you ask questions whenever a procedure or activity is unclear to you.

I hereby release Wounded Warrior Patrol, Inc., its successors, representatives, assigns, volunteers, and other participants of my program from any and all claims, demands, and causes of action, whether resulting from negligence or otherwise, of every nature and in conjunction with a Wounded Warrior Patrol, Inc. activity.

\_\_\_\_\_  
VOLUNTEER PRINTED NAME

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE

### ***Permission to obtain medical treatment on my behalf***

Should I, and/or the person for which I am legal guardian, become injured or ill, I give permission for the instructor(s) to render first aid and to seek emergency medical or rescue services as they see fit, and at my cost. (We require that all Wounded Warrior Patrol, Inc. volunteers be covered by personal health insurance. If medical care for injury, pre-existing condition or other reason is required during a Wounded Warrior Patrol, Inc. event, the volunteer's personal health insurance will be primary.)

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE

### ***Permission to take and display photographs and film***

I hereby give my permission to Wounded Warrior Patrol, Inc. and any other person designated by Wounded Warrior Patrol, Inc. to make photographs and other recordings of myself, and I consent to publishing and/or displaying of such recordings as Wounded Warrior Patrol, Inc. deems fit.

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE