

Name:				
DOB:_		Gender: Male	Female	Trans
Phone	:	Email:		
Addre	ss:			
	Street	City	State	Zip
In Case of Emergency Contact:Name			Phone	
□ I wo	uld like to receive awesome upd	ates, newsletters, stories of s	success and other nev	ws about IYR!
		Waiver and Release		
<u>RELE</u>	ASE OF LIABILITY: (Read care	fully prior to signing!)		
I unde	rstand and acknowledge that the	ere are risks involved in volur	nteering with the Idal	no Youth Ranch.
1.	I assume the risk and full responsibility for any and all injuries, losses or damages which might occur to me while volunteering for the Idaho Youth Ranch to the maximum extent allowed by law.			
2.	I waive and release any and all claims, suits or related causes of action against IYR and its directors, officers, employees, volunteers, agents or affiliates for injury, loss, death, costs or other damagers to me or to my heirs and assigns.			
3.	I indemnify and hold IYR harmless, to the maximum extent allowed by law, from any injury, loss, death, costs or other damages to me, my heirs or assigns or any third parties for claims, suits, or other related causes of action asserted against IYR arising from my conduct while volunteering for IYR.			
4.		ase, indemnify and hold IYR harmless from any liability whatsoever for future claims ued by my heirs and assigns for any injury, losses or damages.		
5.	I give to IYR my free and unlimited consent and permission, waiving all claims for any compensation or damages by reason thereof, to use, publish, republish, or exhibit, with or without identification of me by name, any photographs, videos or statements taken that are related to my volunteering with IYR. IYR may use any of these materials in the furtherance of its work in the promotion of IYR or in any of its fund campaigns or other activities.			
	carefully read this release of li nature below, I understand an	<del>-</del>	_	ement and, by
Printe	d Name:			
Signature:			Date:	
If unde	er 18 years of age:			
	d Name of //Guardian:			
	turo:		Dato:	