

AURORA HISTORICAL SOCIETY / 15372 Yonge St., Aurora ON L4G 1N8

Release and Waiver of Liability

As a Volunteer, I fully understand and agree to the following:

In consideration for receiving permission to participate in volunteer activities with the AURORA HISTORICAL SOCIETY, I hereby release, waive, discharge and covenant not to sue the AURORA HISTORICAL SOCIETY, their officers, agents, servants, or employees (hereinafter referred to as releasees) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in such a volunteer activity, or while in, on, or upon the premises where the volunteer activity is being conducted.

Except as authorized, during my service as a volunteer, I will not disclose, release or make use of any confidential or personal information that has been shared with, or acquired by me except in accordance with my assigned duties as a volunteer.

I will not receive any remuneration, salary, wage, payment or any employee benefits whatsoever, and I further understand that there is no employment relationship as a result of my volunteer activity. Further, I understand that the AURORA HISTORICAL SOCIETY may in its sole discretion reassign me or terminate my services as a volunteer, without notice or compensation.

I understand that AURORA HISTORICAL SOCIETY does not maintain any insurance policy covering any circumstance arising from my participation in volunteer activities or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.

My volunteer activity may involve personal risk and could result in property damage or bodily injury, and I hereby elect to voluntarily participate with full knowledge that said volunteer activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of the AURORA HISTORICAL SOCIETY or otherwise.

I agree to indemnify and hold harmless the releasees from all claims, demands, causes of action, losses, damages or costs arising from my actions as a volunteer, unless such claims, demands, causes of action, losses, damages or costs are attributable to my good faith performance of authorized volunteer activities. I hereby release, waive and discharge the AURORA HISTORICAL SOCIETY from all liability to my heirs, executors, administrators, assignees for all losses or damage and any claims or demands for such loss or damage on account of injury to person or property.

I understand that volunteers are not covered by the *Ontario Workplace Safety and Insurance Act* and that, as a result, I am not entitled to make any claims for compensation pursuant to the *Ontario Workplace Safety and Insurance Act*.

I am aware of the nature and effect of the Release of All Claims and Waiver of Liability form that I am signing. I acknowledge having read, understood, and agree to the above conditions, release and waiver.

I understand that the AURORA HISTORICAL SOCIETY will not share my personal information with third parties.

I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This waiver is binding on me, my heirs, executors, administrators and assigns.

If under 18 years of age, a parent or legal guardian is required to sign.

I hereby certify that I am the parent/legal guardian of

, a minor pursuant to the *Age of Majority and Accountability Act* and that they have my permission to serve as a volunteer with the AURORA HISTORICAL SOCIETY. As the parent/legal guardian, I fully understand and have full knowledge of the nature and extent of the risks involved with his/her participation as a volunteer.

Name (please print)

Signature of Volunteer or Parent/ Guardian

Date

Contact Information (phone and/or email): _____

Emergency Contact (Name and phone number): _____

Photo Consent & Media Release Form

I or as a Parent/Guardian of Person under 18, hereby give permission to the Aurora Historical Society to use my or my child's name and photographic likeness in any form of media, including web site or printed materials, for promotion, advertising, and other lawful purposes. I release all claims against the Aurora Historical Society with respect to publication and copyright ownership, including any claim for compensation related to use of materials.

I hereby waive any right to inspect or approve the use of the images or of any written copy. Should I wish to have my or my child's name, portrait, picture or photograph removed from promotional material, I am to contact the Aurora Historical Society at (905)-727-8991 or community@aurorahs.com. In such a case, the image in question will be removed from the website at the earliest opportunity, and would not be used in future reprinting of material.

☐ I **do not** give my consent for my or my child's photograph to be taken or image used.

I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This waiver is binding on me, my heirs, executors, administrators and assigns.

Print Name of Volunteer or Parent/ Guardian

Signature of Volunteer or Parent/ Guardian