



Archaeology Volunteer Participation Agreement, Acknowledgement of Risk and Release

PLEASE READ CAREFULLY BEFORE SIGNING

I, _____ of _____
(Name) (Address)

_____ am participating in the archaeological fieldwork opportunity (hereinafter referred to as “the Program”) organized by the Patrick Henry Memorial Foundation of 1250 Red Hill Rd, Brookneal VA 24528.

Participation Agreement

Volunteering: I affirm that I am a voluntary participant in the Program. I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of the Patrick Henry Memorial Foundation.

Permission to use photos with my image: I understand that photos may be taken of me during my participation in the Program, and that those photos may be used in websites, newsletters, social media posts, and other materials published by the Patrick Henry Memorial Foundation.

Assumption of Risk: I understand that there are risks associated with participating in the Program – including the risk of injury or illness – that cannot be eliminated regardless of the care taken to avoid injuries and illnesses.

Potential risks of participation in the Program include the risk of bruises, scratches, sprains, joint or back injuries, broken bones, dehydration, heart attacks, and injuries or illness resulting from exposure to environmental hazards.

I acknowledge that not all of the risks or hazards involved in the Program can be identified in this Acknowledgement of Risk and Release. I assume all responsibility and risk from my participation in the Program, including all risk of property damage and injury to others.

Release of Liability: To the extent permitted by law, I hereby save, hold harmless, discharge and release the Patrick Henry Memorial Foundation and all of their respective agents, servants, employees and volunteers (collectively, “Releasees”), from any and all liability,

claims, causes of actions, damages or demands of any kind and nature whatsoever which may arise from or in connection with my participation in any activities related to the Program.

It is my express intent that this Acknowledgement of Risk and Release shall bind the members of my family, estate, heirs, administrators, personal representatives, and assigns. I further agree to save and hold harmless, indemnify and defend Releasees from any claim by the aforementioned parties arising out of my participations in the Program.

I certify that I am 18 years of age or older and that I have read and understood the contents of this Participation Agreement, Acknowledgement of Risk, and Release. I agree to all of the above and I sign this document of my own free act.

Name

Signature

Date

If the participant is less than 18 years of age, their parent or legal guardian must complete the section below.

I certify that I am the parent or legal guardian of the above-named participant in the Program. I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Release, and I assent to its terms and conditions as also binding upon me as parent or legal guardian of the above-named participant. I sign this Acknowledgement of Risk and Release of my own free act. I acknowledge that the above-named participant (my dependent) and I have agreed to the terms and conditions of my dependent's participation in the Program, and I hereby give my consent to participation by my dependent in the Program. I further agree to hold harmless, indemnify and defend all above-named Releasees from and against all claims, demands or suits that my dependent has or may have.

Parent/Guardian Name

Signature

Date