Volunteer Waiver

At all times, the privacy and dignity of events, sponsors, volunteers, and exhibitors will be respected and the mission, vision, and values of The Spencerville Agricultural Society will be followed in accordance with SAS’s policies, standards, and guidelines.

As a SAS volunteer, I may have access to information and documents relating to events, sponsors, volunteers, and exhibitors that are private and confidential. All records are the property of SAS and will be treated as confidential material; reasonable care and caution should be exercised to protect and maintain total confidentiality.

No person shall read records or discuss such information unless there is a legitimate purpose. Event and sponsorship information shall not be discussed with people outside the SAS, including immediate family members, throughout and beyond tenure with the SAS.

I agree not to make any statements, written or verbal, or cause or encourage others to make any statements, written or verbal, to share, defame, disparage, or in any way criticize the personal or business reputation, practices, or conduct of The Spencerville Agricultural Society, their events, directors, sponsors, and volunteers.

I acknowledge and agree that this prohibition extends to statements, written or verbal, made to anyone, including but not limited to news media, any board of directors or advisory board of directors, industry analysts, competitors, strategic partners, vendors, volunteers (past or present), sponsors, and exhibitors.

I grant The Spencerville Agricultural Society permission to use any photographs or videotape images of me taken in the course of my involvement and to use my name, image, comment(s), and information regarding my volunteer role, activities, affiliation, and city of residence for The SAS’s purposes in any media and territory of perpetuity.

As a SAS volunteer, I understand that I will be requested to volunteer at certain events, where I may be in contact with sponsors, other volunteers, and exhibitors. By accepting these requests, I do acknowledge that I am putting myself in a situation where I could potentially be exposed to the COVID-19 virus.

As a SAS volunteer, I do agree that I will wear the safety gear to protect myself, other volunteers, sponsors, and exhibitors. By taking these safety precautions enforced by the SAS, such as wearing a facemask, social distancing by 6-feet, and hand sanitizing regularly, I will help limit my exposure to any potential contamination.

I understand that smoking is not permitted by any volunteer on SAS property or while carrying out SAS business.

I waive and release any claims for myself, my heirs, executors, and administrators against The Spencerville Agricultural Society and any other sponsors or organizations involved, from any claims or liability for death, personal injury or property damage of any kind however caused, including any claim or liability arising from the negligence of The SAS, its board of directors, volunteers, exhibitor entrants, and of any person on-site, arising out of, or in the course of, my participation as a volunteer for which I choose to participate. This Release of Waiver extends to all claims, foreseen and unforeseen, known or unknown.

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| **Adult Volunteer Applicant (18 years and older)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Printed Name | Signature |
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| (DD/MM/YYYY)  **Youth Volunteer Applicant (17 years and younger)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Printed Name | Signature |
| By signing below, I, the undersigned, certify that I am the parent or legal guardian of the application, and as such on behalf of myself and the application, agree to the terms of the waiver as noted above.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Parent / Guardian Name | Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| (DD/MM/YYYY) | |