

## CINCINNATI CLASSICAL ACADEMY VOLUNTEER FORM

### WAIVER AND RELEASE FORM

Volunteer Name: \_\_\_\_\_

Contact E-mail (required): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### VOLUNTEERS MUST COMPLETE THE WAIVER AND RELEASE FORM

#### RELEASE OF LIABILITY

In return for being allowed to participate in Cincinnati Classical Academy volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer releases and agrees not to sue the Cincinnati Classical Academy or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that Cincinnati Classical Academy is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless Cincinnati Classical Academy for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state of Ohio in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that Cincinnati Classical Academy has not arranged and does not carry any insurance of any kind for my benefit or that of trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of Cincinnati Classical Academy.

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CINCINNATI CLASSICAL ACADEMY MEDIA RELEASE FORM

### PUBLICITY RELEASE

Volunteer Name: \_\_\_\_\_

In return for being allowed to participate in Cincinnati Classical Academy volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer hereby grants to the Academy, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties"), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Volunteer's name, address, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation.

I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Signature of Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

### CINCINNATI CLASSICAL ACADEMY VOLUNTEER FINGERPRINTS

All Volunteers MUST be FBI and BCI printed thru FastPrints. Please go online and make an appointment with FastPrints.

Please have both FBI and BCI results sent to: Cincinnati Classical Academy  
Attn: Michael Rose  
170 Siebenthaler Avenue  
Cincinnati OH 45215

**FBI/BCI Clearance must be completed before you can volunteer at Cincinnati Classical Academy.**