

Six Gap Organizing Committee, Inc
342 Courthouse Hill, Suite E, Dahlonega, Ga 30533
706-867-3762 info@6gap.com

Volunteer and Participant Waiver, Release and Indemnity Form

For and in consideration of the opportunity to participate in the volunteer programs offered by the Dahlonega-Lumpkin County Chamber of Commerce LLC and Six Gap Organizing Committee, Inc., the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, illness, property damage or wrongful death occurring to or arising as a result of the activities or services which the undersigned may incur through the volunteer opportunities offered by the Dahlonega-Lumpkin County Chamber of Commerce LLC and Six Gap Organizing Committee, Inc., or any activities incidental thereto, wherever or however the same may occur and for whatever period said activities or services may continue, and the undersigned does for himself or herself, his or her heirs, agents, executors, administrators and assigns does hereby release, waive, discharge and relinquish any cause of action, aforesaid, which may hereafter arise does, and agrees that under no circumstances will the undersigned or her or his heirs, agents, executors, administrators present any claim for personal injury, illness, property damage or wrongful death against the Dahlonega-Lumpkin County Chamber of Commerce LLC or Six Gap Organizing Committee, Inc. or any of their parents, subsidiaries, officers, agents, servants, or employees for any of said persons, or otherwise. IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT TO EXEMPT AND RELIEVE THE DAHLONEGA-LUMPKIN COUNTY CHAMBER OF COMMERCE LLC AND SIX GAP ORGANIZING COMMITTEE, INC. IT'S OFFICERS, BOARD, AGENTS, CONTRACTORS, VOLUNTEERS, VENDORS, SPONSORS, AND STAFF FROM LIABILITY FOR PERSONAL INJURY, ILLNESS, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The undersigned, for herself or himself, her or his heirs, agents, executors, administrators agrees that in the event that any claim for personal injury, illness, property damage or wrongful death shall be prosecuted against the Dahlonega-Lumpkin County Chamber of Commerce LLC or Six Gap Organizing Committee, Inc., the undersigned shall indemnify and save harmless the same from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned agrees to allow the Dahlonega-Lumpkin County Chamber of Commerce LLC and Six Gap Organizing Committee, Inc., and sponsors of its events to use his or her name, voice, photo, and likeness for promotional purposes without any financial consideration or payment.

The undersigned acknowledges that she or he has read the foregoing and is fully aware of the legal consequences of signing this instrument.

Full Name _____

Volunteer Position / Participation Event _____

Phone _____ Email _____

Signature _____ Date _____

Signature of Parent or Guardian if Under 18 _____ Date _____

Please return this completed form to:

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342 Courthouse Hill
Suite E
Dahlonega, Ga 30533

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