



**WAIVER**

(Please print, complete and bring with you)

**PLEASE PRINT**

Full Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Please Check the box if you would like to be added to our volunteer opportunity email list.**

**PHOTO RELEASE**

By signing this volunteer form, I authorize and give full permission for the use of my name and photograph, still or video, in connection with my volunteer activities and I consent to the use of such material or its reproduction in any manner and by any medium, which the Shreveport-Bossier Convention and Tourist Bureau and Shreveport-Bossier Sports Commission deem appropriate.

**LIABILITY RELEASE & PARTICIPATION AGREEMENT**

I, the undersigned, hereby declare that I wish to participate as a volunteer in various events sponsored by the Shreveport-Bossier Convention and Tourist Bureau and the Shreveport-Bossier Sports Commission.

I acknowledge that participation as a volunteer in these events may involve certain risks, which risks, though very remote, include the risk that I, as a participant as a volunteer in the event, could sustain injury, while participating as a volunteer in the event due to circumstances beyond the control of the Shreveport-Bossier Convention and Tourist Bureau and the Shreveport-Bossier Sports Commission, their officers, directors, members, employees and agents. With full knowledge and assumption of these remote risks, I have voluntarily chosen to participate as a volunteer in the various events.

Additionally, in particular, I understand and I am aware that participation as a volunteer may involve physical work including bending and lifting, which might result in an injury to me.

**Assumption of the Risk and Waiver of Liability  
Relating to Coronavirus/COVID-19**

The Shreveport-Bossier Convention and Tourist Bureau ("SBCTB") and the Shreveport-Bossier Sports Commission ("SBSC") has put in place preventative measures to reduce the spread of COVID-19; however, I acknowledge and agree that SBCTB and SBSC cannot guarantee that me or my family will not become infected with COVID-19 while volunteering for, attending, or participating in a SBCTB or SBSC sponsored event. Further, attending, participating in, or volunteering for SBCTB or SBSC sponsored



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programs or events could increase my risk and my family's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my children, dependents, family, and I may be exposed to or infected by COVID-19 by attending, participating in, or volunteering for SBCTB or SBSC sponsored events and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at SBCTB or SBSC sponsored events may result from the actions, omissions, or negligence of myself, the members of my family, and others, including, but not limited to, SBCTB and/or SBSC officers, directors, employees, volunteers, program participants and their families, and event attendees.

By signing this Assumption of the Risk and Waiver of Liability Relating to COVID-19, undersigned hereby agrees, represents, and warrants that neither undersigned nor any member of his or her family (i) has within the past fourteen (14) days experienced any symptoms of COVID-19, including, without limitation, fever, cough, fatigue, or shortness of breath; (ii) has a suspected or diagnosed/confirmed case of COVID-19; (iii) has had contact with any individual in the past thirty (30) days who has a suspected or diagnosed/confirmed case of COVID-19; or (iv) has traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections in the past thirty (30) days.

In consideration for my being able to participate as a volunteer in these events, I hereby release the Shreveport-Bossier Convention and Tourist Bureau and Shreveport-Bossier Sports Commission, their officers, directors, members, employees and agents, and agree to hold them harmless from any liability for any claim arising out of any injuries and/or damage to me, my property, or loss of any other sort arising out of or related to my participation as a volunteer, whether the result of the negligence of the Shreveport-Bossier Convention and Tourist Bureau, Shreveport-Bossier Sports Commission, their officers, directors, members, employees and agents, and other volunteers or any other person. Further, I agree to indemnify the Shreveport-Bossier Convention and Tourist Bureau and Shreveport-Bossier Sports Commission, their officers, directors, members, employees and agents, and other volunteers, for all harm, injury or damage I cause to any persons, property or equipment I hereby give consent for emergency medical care as prescribed by a medical professional.

I release the organizers and sponsors of this event (including the Shreveport – Bossier Convention & Tourist Bureau and its division, the Shreveport=Bossier Sports Commission, LSU Shreveport, City of Shreveport, City of Bossier City, Caddo Parish Commission, Bossier Parish Police Jury, USA Boxing, Ochsner LSU Health Shreveport, the Shreveport Convention Center, event members of the above mentioned entities) from liability for their actions or inactions relating to the Championship.

I understand that I will not be paid or receive any other remuneration for my services as a volunteer.

I hereby acknowledge that I have read, understand, and agree to the preceding statements.

**If under 18 years of age a parent or guardian must fill out and sign this waiver.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_