

# District Council 16

## Volunteer Activist Committee Application

Please complete legibly and thoroughly – Incomplete apps will NOT be accepted

Print Name: \_\_\_\_\_ Local Union #: \_\_\_\_\_ Retired: Y N

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

County (Not Country): \_\_\_\_\_ SS #: \_\_\_\_\_ (last 4 digits only)

Age Group:  0 – 5  6 – 10  11 – 17  18 & Up

I wish to participate in the following activities:

- Participate in Political activities sponsored by District Council 16
- Participate in shop steward training and accept appointment when called upon
- Participate in demonstrations, pickets, CORE classes and other organizing activities
- Participate in District Council 16 sponsored charities raising money for sponsored charities
- Participate through the donation of labor in District Council 16 sponsored charity projects
- Participate in District Council 16 sponsored events of the Retiree Activist Committee
- Participate in District Council 16 sponsored events of the Women's Growth & Action Committee

### \*\*\*Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement\*\*\*

In consideration of District Council 16 permitting my participation in the Volunteer Activist Committee (hereinafter referred to as "VAC"), I hereby agree as follows:

TO WAIVE ANY AND ALL CLAIMS that I may have against District Council 16 and their officers, employees, agents, representatives and affiliated local unions, and any volunteers in any way associated with the VAC, or any other organization for whom the VAC performs volunteer services (all of whom are hereinafter collectively known as "the Releasees").

TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY for any loss, damage, injury or expenses that I may suffer or that my next of kin and/or dependent may suffer as a result of my participation in the VAC due to any cause whatsoever, INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE, BREACH OF CONTRACT, BREACH OF STATUTORY DUTY OF CARE OR BREACH OF ANY OTHER DUTY OF CARE.

TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability from property damage or personal injury to any third party, resulting from my participation in the VAC; and that, this Release of Liability shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns in the event of my death.

I am the full age of eighteen (18) years and I have read and understood this Release of Liability prior to signing it, and I am aware that by signing this Release of Liability I am waiving certain legal rights which I, or my heirs, next of kin, executors, administrators and assigns may have against the releasees.

Sign \_\_\_\_\_

Parent or Guardian sign for child if 17 years of age or under

Date \_\_\_\_\_