

Guardian Consent Form (5 - 17 years old)

THIS FORM MUST BE READ AND SIGNED BY EVERY MINOR VOLUNTEER WHO WISHES TO PARTICIPATE AND BY THE PARENT OR GUARDIAN OF A PARTICIPATING VOLUNTEER FOR THE MAT-SU ARCTIC WINTER GAMES ("MSAWG").

This form is to be signed before any volunteer duties commence; without this signed form a minor will not be able to volunteer.

The minimum age to volunteer is 5 and all volunteers 17 years and under must have this Guardian Consent Form signed to participate.

Elements of Risk:

Volunteering for the MSAWG involves certain elements of risk. Injuries/illnesses may occur while volunteering. The following list includes, but is not limited to, examples of the types of injury/illnesses, which may result from participating as a volunteer:

- 1) Slips, Trips, Falls;
- 2) Fatigue; and
- 3) Illness.

The risk of sustaining these types of injuries/illnesses results from the nature of the activities and can occur without fault of either the volunteer, the Host Society, its employees/staff, or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions while engaged in the assigned activities.

If you choose to volunteer, you must understand that you bear the responsibility for any injury/illness that may occur. The MSAWG does not provide accidental death, disability or dismemberment, or medical expense insurance on behalf of the volunteers participating in activities.

Disclaimer and Waiver of Liability

We, the undersigned, release and forever discharge and hold harmless the MSAWG and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide as a Volunteer for the organization. I understand and further acknowledge that this Release discharges MSAWG from any liability claim with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide while I am providing volunteer services.

Acknowledgement

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT BY VOLUNTEERING AT THE 2024 ARCTIC WINTER GAMES, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Permission

By completing the information and signing below, I give _____ permission to volunteer with the Mat-Su 2024 Arctic Winter Games to be held Mar 10 - 17th, 2024. Additional volunteer times may be assigned or requested.

Minor Volunteer Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: _____ Age: _____

Guardian Information:

Name: _____

Phone: _____

Email: _____

Relationship to Minor: _____

Volunteer Signature

Date

Parent/Guardian Signature

Date

All forms must be provided to the Mat-Su 2024 Arctic Winter Games either in original hard copy or emailed as a scanned copy of the original to forms@awg2024.org or completed at our Headquarters (902 E Palmer Wasilla Hwy, Palmer, AK 99645).

Fair and equal opportunity statement: "The Mat-Su 2024 Arctic Winter Games Host Society is committed to building a skilled, diverse team reflective of our Arctic Winter Games Community. As a result, we promote equity and encourage applications from women, Indigenous peoples, persons with a disability or members of any visible or invisible minority group regardless of sexual identity, gender identification or gender expression. Assistance is available on request for candidates taking part in all aspects of the selection process."