Volunteer and Judge RELEASE Form

Release executed on	, 2022, by		of
[address],	Dravingo	DC	
City("releasor").	Province	PC	
conducted by INTERNATIONAL releasor, releases, waives and discharges Chapter, their officers and member premises, and each of them, the legal representatives, heirs and resulting from the same, on accoof the releasor, whether caused	ed to participate in ISA Prairie Ch SOCIETY OF ARBORICULTURI , his/her legal representate INTERNATIONAL SOCIETY OF oers, promoters, sponsors, adverti ir officers and employees ("release assigns, for any and all loss or da unt of injury to releasor's person of by the negligence of releasees or irpose participating in the program	E (ISA), or the ISA Prairie C tives, heirs and assigns, (re ARBORICULTURE, or the isers, owners and lessees of ees"), from all liability to the mage, and any claim or dar or property, even injury result of otherwise while the release	chapter leasor) ISA Prairie of the e releasor, mages Iting in deat
	e releasees and each of them fron f releasor in or upon the premises		
	oility for the risk of bodily injury, de wise while in or upon the premise cipating in the program.		
inclusive as permitted by the law	e, waiver, and indemnity agreements of the State of Illinois and proving agreed that the balance shall, no	nce of Alberta, and that if ar	ny portion c
Releasor has executed this relea	ase the day and year first above w	vritten.	
		, Releasor	
	Or if under age 18	:	
		, Releasor	/Guardian
EOD DADENTS/CHADDIANS (NE DARTICIDANTS OF MINORIT	V ACE (LINDED ACE 40 A	T TIME OF
REGISTRATION)	OF PARTICIPANTS OF MINORIT	TAGE (UNDER AGE 16 A	I TIIVIE OF
This is to certify that I, as parer agree to the above Release of release and agree to indemnify a minor child's involvement or part	nt/guardian with legal responsibiliall the Releasees, and, for myse and hold harmless the Releasees icipation in these programs as pro LEASEES, to the fullest extent pe	lf, my heirs, assigns, and r from any and all liabilities in ovided above, EVEN IF ARIS	next of kin, cident to m
	EMERGENC\	Y PHONE #	
Parent/Guardian's Signature	_		
DATE SIGNED:			