

USS Missouri Memorial Association Inc.

APPLICATION FOR VOLUNTEER (Please print clearly)

Organization/Command/Rank: _____ **Today's Date:** _____
Name of Volunteer: _____ **Age if under 18:** _____
Parent/Guardian Name (if volunteer under 18): _____
Address: _____ **City:** _____
State: _____ **Zip Code:** _____ **Phone:** _____
E-mail: _____
Physical/ Medical Limitations: _____
Any Special Skills (electrical, computer, foreign Language, etc): _____
Emergency Contact: _____ **Phone:** _____

LIABILITY & INDEMNIFICATION AGREEMENT

I acknowledge that activities aboard the USS Missouri Memorial Battleship contain many hazards. The many possibilities and sources of death or physical injury or property damage are acknowledged by me, and I have become a volunteer of the Association with the knowledge of such hazards and risks. As part of the consideration for being allowed to become a volunteer for the Association, I, for myself, my heirs, assigns, agents, and those acting on my behalf, fully and forever unconditionally and without possibility of revocation release, acquit, discharge a covenant not to sue or otherwise institute legal or administrative proceedings against the Association, its subsidiaries, successors, assigns, directors, officers, employees, agents, attorneys, consultants, insurers, and/or anyone acting on its behalf, and/or any individual or entity whatsoever, from all liability for personal injury (including wrongful death) or property damage suffered by me which is caused, in whole or in part, by any activity or condition on board the USS Missouri, the FOXTROT 5 Pier, or anywhere else the Association operates, even if the injury or damage is caused, in whole or in part, by the negligence of the Association or its employers.

THE VOLUNTEER HAS READ THIS RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND UNDERSTANDS IT. HE/SHE IS SIGNING IT FREELY AND VOLUNTARILY.

ACCEPTED AND AGREED TO THIS _____
Day month year

Signature

Guardian Signature if under 18