

Project Sleep Tight, Project and Donation Consent Form

Project Sleep Tight offers a wonderful experience to its volunteer participants, and teaches them a great deal about themselves and those around them.

I, the undersigned, in consideration of the services, guidance, and program of Project Sleep Tight, an Arizona nonprofit corporation and tax-exempt public charity, their agents, owners, participants, and employees (herein after collectively referred to as "PST"), hereby agree to release, indemnify and hold harmless PST on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I have volunteered to assist PST with its charitable activities. I volunteered my time and services because I support PST and desire to participate in furthering its charitable purpose. I understand that my activities as a volunteer may entail a risk of physical injury. I may be exposed to hazards, including, but not limited to, hazards associated with manual labor and operating a motor vehicle. I understand that undertaking deliveries to shelters may have inherent dangers and risks due to the location and clientele of the shelter itself and its surroundings. PST does not visit shelters to assess the safety of the environment, condition of the premises, or any other risks associated with delivery. I understand and assume all such risks.
2. Because the assertion of claims against PST for personal injury occurring during my volunteer service would be antithetical to my support of PST and its goals and would reduce the ability of PST to accomplish its charitable purpose, and in consideration of PST's permitting me to engage in volunteer activities and other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I am granting this release of liability.
3. I hereby release, forever discharge, and agree to indemnify and hold harmless PST from any and all claims, demands, or causes of action, which are in any way connected to my participation in volunteer activities for PST, including any such claims which allege negligent acts or omissions of PST.
4. In the event that I file a lawsuit against PST, I agree to do so solely in the state of Arizona, and I further agree that the substantive law of Arizona shall apply in that action without regard to conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.
5. I am aware that the Consumer Products Safety Commission (CPSC) has stringent guidelines concerning children's items which can be donated. I agree not to donate to PST or to use items in Project Sleep Tight Packages that have been recalled, banned, or do not meet current safety standards. For more information, visit the [Consumer Product Safety Commission](http://www.cpsc.gov) at www.cpsc.gov.
6. I realize that any photos taken or submitted to PST during a PST related program or event become the property of PST and may be used in printed literature or marketing materials. I realize that there will be no compensation paid for the use of said photos.

If you do not want your photo used in marketing materials, please check here

By signing this document, I acknowledge that I have had sufficient opportunity to read this entire document. I understand it, agree to be bound by its terms & consent to my child or my child's PST volunteer activities.

Date _____

Participant/Guardian Name (print) _____

Participant/Guardian Signature _____

Home Address _____

Daytime Phone _____ Participant/Guardian Email _____

Project Sleep Tight, Project and Donation Consent Form cont....

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**this can be copied as many times as you need.*