

CORPORATE MEMBER INFORMATION FORM



Name: _____ **Date:** _____

Company / Organization: _____

Preferred Mailing Address: _____ **Work or Home (circle one)**

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____ **Fax:** _____

Email: _____

Referred by: _____

Optional: *This information is used to help us monitor demographics of our membership.*

Profession: _____ **Education Level:** _____

Racial Identity: _____ **DOB:** _____ **Sex:** _____

Colleges attended and graduation year: _____



I would like more information on volunteering for the following:

PROJECTS

- One Book One New Orleans
- YLC Wednesday at the Square
- College Admissions Project
- Green It
- Power Ties
- Project Prodigy
- Seeds of Change
- RECreate
- Students Run NOLA
- Helping Hands
- Volunteer in the Arts
- Where Ya' Rack?

STANDING COMMITTEES

- Development/Fundraising
- Membership
- Communications
- Annual Awards Gala

RELEASE AND WAIVER OF LIABILITY

1. RELEASE AND WAIVER - I hereby release and forever discharge and hold harmless the Young Leadership Council (hereinafter "YLC") 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 volunteer's activities with YLC. I understand that this Release discharges YLC from any liability or claim that I may have against YLC with respect to any bodily injury, personal injury, illness, death or property damage that may result from my activities with YLC, whether caused by the negligence of YLC or its officers, directors, employees or agents or otherwise. I understand that YLC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness to myself or others.

2. MEDICAL TREATMENT - I hereby release and forever discharge YLC from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my activities with YLC or with the decision by any representative or agent of YLC to exercise the power to consent to medical or dental treatment.

3. ASSUMPTION OF RISK - I understand that the activities that I participate in with YLC may include work that may be hazardous to me. I hereby expressly and specifically assume the risk of injury or harm in the activities and release YLC from all liability for injury, illness, death or property damage resulting from the activities. I understand that YLC does not carry or maintain health, medical or disability insurance coverage for any volunteer. Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

4. INDEMNITY - Should YLC be made the subject of any claim or lawsuit arising in whole or in part from my alleged negligence, I agree to defend, indemnify and hold harmless the YLC, its officers, directors, employees and agents regardless of the YLC's negligence or the negligence of the YLC's officers, directors, employees or agents.

5. PHOTOGRAPHIC RELEASE - I hereby grant and convey unto YLC in perpetuity all right, title and interest in any and all photographic images, video or audio recordings and all other media made by YLC during my activities with YLC, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

6. OTHER - I expressly agree that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the State of Louisiana, and that this Release and Waiver of Liability shall be governed by and interpreted in accordance with the laws of the State of Louisiana. I agree that in the event that any clause or provision of this Release and Waiver of Liability be determined by a Court to be unenforceable, such decision shall not otherwise affect the remaining provisions of this Release and Waiver of Liability which shall continue to be enforceable.

Signature

Date

Printed Name

(Area Code) Telephone Number

Address

City/State/Zip Code