VOLUNTEER WAIVER & AGREEMENT

I, on behalf of myself and all persons claiming under, by or through me, in consideration of being allowed to participate as a volunteer in the Iowa Dental Foundation's 2019 Iowa MOM event, hereby irrevocably and unconditionally release, acquit and fully discharge the Iowa Dental Foundation; the Iowa Dental Association; the RiverCenter/Adler Theatre; VenuWorks of Davenport, LLC; City of Davenport; and all of their affiliated entities, officers, directors, partners, employees, agents, representatives, successors and assigns, from any and all actions, causes of action, suits, debts, charges, complaints, claims, liabilities, obligations, judgments, damages and expenses that I may have now, have ever had, or may hereafter have, against or concerning my service as a volunteer.

I further agree to indemnify and hold harmless the Iowa Dental Foundation; the Iowa Dental Association; the RiverCenter/Adler Theatre; VenuWorks of Davenport, LLC; City of Davenport; and all of their affiliated entities, officers, directors, partners, employees, agents, representatives, successors and assigns, against any and all actions, causes of action, suits, debts, charges, complaints, claims, liabilities, obligations, judgments, damages and expenses, including attorney fees and expenses, arising out of or related to my service as a volunteer.

I grant to the Iowa Dental Foundation and the Iowa Dental Association and its agents the right to use my picture, voice and other reproductions of my physical likeness in perpetuity in connection with any form of advertising or marketing the Iowa Dental Foundation and/or the Iowa Dental Association produces or prepares in connection with the Iowa MOM event and its associated activities.

I agree to abide by any rules or directions given to me by the Iowa Dental Foundation, the Iowa Dental Association, and/or the RiverCenter during my time of service as a volunteer at the Iowa MOM event. I agree that I am not presently and will not be under the influence of drugs or alcohol during any portion of my time of service as a volunteer.

The following paragraph applies only to professional/licensed volunteers: I further hereby acknowledge that I hold an active Iowa license to practice as or am registered in Iowa to practice as a dentist, dental hygienist, dental assistant, physician, physician's assistant, LPN, RN, nurse's aide, EMT, pharmacist and/or pharmacy tech. I state and affirm that my license or registration has not been revoked, suspended or subject to probation and that I am not currently restricted from practicing in any way in Iowa or in any other state in which I am licensed or registered. I also hereby state and affirm that I am not aware of any current or pending investigation relating to my license or registration to practice in Iowa or any other state in which I am licensed or registered.

This waiver and agreement will be construed in accordance with and governed by the laws of the state of Iowa. Any actions brought under or related to this waiver and agreement will be subject to the jurisdiction of the state courts for Iowa.

_____ _____ Name

Date