

## Waiver Agreement

The \_\_\_\_\_ (Agency name) \_\_\_\_\_ is committed to conducting programs and activities in a safe manner and holds the safety of volunteers in high regard. The \_\_\_\_\_ (Agency name) \_\_\_\_\_ continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions that are designed to protect the volunteer's safety. However, volunteers must recognize that there is an inherent risk of injury when choosing to volunteer for any activity or program.

It is strongly urged that all volunteers review their own health insurance policy for coverage. Each volunteer is solely responsible for determining if he or she is physically fit and/or properly skilled for any volunteer activity.

Please read the following carefully and be aware that in consideration for providing volunteer services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you may sustain as a result of participating in any and all activities connected with and associated with your volunteer services (including transportation services/vehicle operations if provided).

*As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of my volunteer services. I further agree to waive and relinquish all claims I may have as a result of my volunteer services against \_\_\_\_\_ (Agency name) \_\_\_\_\_, including its directors, officers, employees, or volunteers (hereinafter collectively referred to as "Parties").*

*I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.*

Volunteer's Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If under the age of 18, this document must be read and signed by a parent or guardian.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_