

Volunteer Waiver

Effective Date ___/___/___

Volunteer Information

Name:

First: _____ MI: _____ Last: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone Number: (_____) _____ - _____

Email: _____

Organization/Group Information

Organization/Group: Creek Cleanup Project

Location: Chambersburg Pennsylvania 17201

Phone Number: (717)552-4599

Email: ccpcfpa@gmail.com

I, the above listed Volunteer, desire to work as a volunteer for The Organization and engage in the activities related to being a volunteer for a work project.

I hereby voluntarily, execute this Volunteer Waiver under the following terms:

I, the Volunteer, release and hold harmless the Organization 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 my volunteer work with the Organization.

I understand that this Waiver discharges the Organization from any liability or claim that I, the Volunteer, may have against the Organization with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the Organization's work site. I also fully understand that the Organization 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, illness, death or property damage.

Volunteer Waiver

I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of the Organization beyond what may be offered freely by the representative of the Organization in the event of such injury or medical expense.

I hereby release the Organization from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with the Organization.

I understand that my time with Habitat may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release the Organization from all liability for injury, illness, death, or property damage resulting from the activities of my time with the Organization.

I grant unto the Organization all right, title, and interest in any and all photographic images and video or audio recordings that are made by the Organization during my work with the Organization, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Pennsylvania in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Pennsylvania. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Volunteer's Signature

Date

Print Volunteer's Name

If Applicable:

Guardian's Signature

Date

Print Guardian's Name