

1425 Pacific Blvd SE, Albany, OR 97321 541-730-3017 | info@albanystrings.org www.albanystrings.org

Volunteer Release and Waiver of Liability Form

As a volunteer for Mid-Valley Prelude Sinfonia (MVPS) dba Albany Youth Orchestra (AYO), I hereby release MVPS and AYO and their officers, employees and agents from all actions, damages or claims which I may have against them, and which may be incurred as a result of my participation in any volunteer programs.

I assume all risk and responsibility for all my actions while at the location, facilities, traveling to and from any such facility, or engaging in any activity under the supervision of MVPS/AYO staff and volunteers.

Furthermore, I hold harmless MVPS/AYO and their officers, employees and agents for any loss, personal injury, accident, misfortune or damage to myself or my property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of myself and my property.

<u>Waiver and Release</u>: I, the Volunteer, release and forever discharge and hold harmless MVPS/AYO 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 the services I provide during this project. I acknowledge that this Release discharges MVPS/AYO from any liability or claim that I may have with respect to bodily injury, personal injury, illness, death or property damage that may result from the services I provide or occurring while I am providing volunteer services.

<u>Assumption of Risk:</u> I understand that the services I provide during this project may include activities that may be hazardous to me, including but not limited to working next to heavy equipment and machinery, construction work, handling sharp objects and power tools, or working next to individuals who are handling sharp objects and power tools. As a volunteer/participant in this project, I expressly assume the risk of injury or harm from these activities and release MVPS/AYO from all liability for injury, illness, death, or property damage resulting from the services I provide.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily. I understand that I am volunteering on my own initiative, outside of my normal work hours, and for no compensation.

Print Name	
Signature	Date