



Volunteer Liability Waiver

In consideration of my desire to serve as a volunteer in mutual aid and/or community service efforts to be conducted by Petal Healing Garden, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary relief or service effort, or other activity of any nature, including the use of equipment and facilities of Petal Healing Garden or any other involved entity.

Further, I, for myself and my heirs, executors, administrators and assigns, hereby release, waive and discharge Petal Healing Garden and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Mississippi, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known physical or mental condition that would impair my capability for full participation as intended or expected of me. Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

Date: _____ Signature: _____

Print Name: _____