

## MORTON-BRITTAIN HOUSE RESTORATION Volunteer and Liability Release Agreement

(Must be 18 years of age or older.)

## **VOLUNTEER CONTACT INFORMATION** (Please print):

Name:			
		City:	7in:
	City: Zip: Zip:		
			Cell
			ndersigned participant, as of the date set
	truction, reconstruction, a		Valter T. Dugger and Linda Bratt Dugger he Morton-Brittain home (MBH) located
facilities, I agree that neither I nor my against, sue, or take any other action	assignees, heirs, distribut against NHS or the Owner arising out of my participa	ees, guardians or l rs, for injury or dar ation in any NHS o	n these activities and use their tools and egal representatives will make any claim nage to me, my property or to any other r Owner activities, whether caused by or
	or may hereafter have for		assignees, heirs, distributees, guardians to person or property resulting from or
volunteer. I release and forever disch or may hereafter arise on account of	arge NHS and the Owners any first aid or medical tre	from any action, cleatment rendered	r disability insurance coverage for any aim or demand whatsoever which arises to me. I understand that each volunteer hile participating in any NHS or Owners
that I may later discover claims, facts release NHS and the Owners from all s in accordance with the laws of the	, actions, losses or damag such unknown matters and State of Tennessee. If a of such clause or provision	es and it is my inte d claims. This Rele ny clause in this F	of the State of Tennessee. I understand ention to fully and completely waive and ase shall be governed by and interpreted Release is made invalid by any court of se affect the remaining provisions of this
VOLUNTARILY PARTICIPATING IN NH	IS AND OWNERS ACTIVITI	ES WITH FULL KN	N ARE HAZARDOUS ACTIVITIES. I AM OWLEDGE OF THE DANGERS INVOLVED Y TO ME. I ACCEPT ANY AND ALL RISKS
7. I hereby agree that NHS and the any NHS or Owners activities for any			likeness taken from my participation in aterials and on the Internet.
I have carefully read this agreement a contract between me and NHS and	-		vare that this is a release of liability and n my own free will.
Participant Signature:			/ Date://