



VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

1. I, _____, agree to volunteer at _____
_____ referred to forward as The Agency.
2. As a volunteer, I understand that I control the dates and times when I do the volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including unemployment insurance benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participation as a volunteer may require periods of physical activity _____

(i.e. standing, lifting and carrying up to 40lbs.) and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue _____ or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its directors, employees, agents, or contractors of (The Agency) as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE (The Agency) ITS DIRECTORS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY/DAMAGE RESULTING FROM MY VOLUNTEER PARTICIPATION.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF VOLUNTEERING, I AM NOT COVERED BY THE AGENCY'S WORKERS' COMPENSATION PROGRAM. I authorize (The Agency) _____ to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred with respect to by such accident, illness or injury.
6. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND I SIGN IT OF MY OWN FREE WILL.

Date	Volunteer Signature	Printed Name
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Date	Witness Signature if signed with a mark	Printed Name
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Date	Agency Representative Signature	Printed Name
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If volunteer is under 18 years of age, parent or guardian must read and sign the following: This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Date	Parent or Guardian Signature	Printed Name
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