

General Volunteer Liability Waiver Form

Please read this document carefully. By signing this document, you are waiving certain legal rights, including the right to sue.

1. Volunteer Information

Full Name:
Address:
Phone Number:
Email Address:
Date of Birth:

2. Emergency Contact Information

Contact Name:
Relationship:
Contact Phone:

3. Waiver and Release of Liability

I, the undersigned volunteer, desire to work as a volunteer and engage in the activities related to being a volunteer. I hereby freely, voluntarily, and without duress execute this Release under the following terms:

Release and Waiver: I do hereby release and forever discharge 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 activities.

Medical Treatment: I do hereby release and forever discharge the organization from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my volunteer activities.

Assumption of the Risk: I understand that my volunteer activities may include work that may be hazardous. I hereby expressly and specifically assume the risk of injury or harm in the activities and release the organization from all liability for injury, illness, death, or property damage resulting from the activities.

Insurance: I understand that the organization does not carry or maintain health, medical, or disability insurance coverage for any volunteer. Each volunteer is expected and encouraged to obtain their own medical or health insurance coverage.

4. Acknowledgment and Signature

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Volunteer Signature: Date:

5. Parent / Guardian Consent (If Volunteer is under 18)

I am the parent or legal guardian of the minor named above. I have read and understand this Liability Waiver and agree to its terms on behalf of the minor.

Parent/Guardian Name:
Parent/Guardian Signature: Date: