



VOLUNTEER WAIVER OF LIABILITY

I, _____, (print your name) do hereby acknowledge and assume the risk of participation in any and all activities at LifeNet4Families.

As a volunteer for Lifenet4Families, I will engage in activities related to the mission of Lifenet4Families. I understand that the activities may include, but not limited to, use of personal vehicles for deliveries, cooking, carrying and lifting items, participating in special events /fundraisers and engaging in other activities relevant to LifeNet4Families.

I hereby freely, voluntarily and without duress execute this release under the following terms:

Release and Waiver: I release and forever discharge and hold harmless LifeNet4Families and its successors, Directors, Officers, employees, agents and representatives 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 as a result from performing volunteer duties at LifeNet4Families.

Medical Treatment: I release and forever discharge LifeNet4Families from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or services rendered in connection with any volunteer duties at LifeNet4Families.

Assumption of Risk: I hereby expressly and specifically understand the risk of injury or harm in connection with any volunteer duties at LifeNet4Families including work that may be hazardous including but not limited to transportation.

Insurance: LifeNet4Families does not carry or maintain medical or disability insurance for any volunteers.

Photo/Video Release: I grant and convey unto LifeNet4Families all rights, interest in any and all photographic images and video or audio recordings made by LifeNet4Families during any volunteer activities with LifeNet4Families including but not limited to any royalties, proceeds or benefits derived from such photographs or recordings.

Other: I agree that this waiver /release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and will be governed by and interpreted by the laws of the State of Florida.

Emergency Contact Information

Name _____ Relationship to You _____

Address _____

City, State, Zip Code _____

Phone Number _____

List any Special Medical Conditions _____

Signature of Volunteer

Date

Parent/Guardian Signature (under 18)

Date