

The Well Community Development Corporation Waiver and Release of Liability

- VOLUNTEERS MUST COMPLETE THE WAIVER AND RELEASE FORM
- PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED IF VOLUNTEER IS UNDER AGE 18

Volunteer Name: _____

Check here if Volunteer is under age 18 _____

Contact E-mail: _____

Parent or Legal Guardian Email (if Volunteer is under age 18): _____

Address: _____

Phone: _____

Emergency Contact

Name: _____

Relationship to Participant: _____

Phone Number: _____

In return for being allowed to participate in volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 releases and agrees to waive The Well Community Development Corporation, its agents, servants, employees, insurers, successors and assigns from any and all claims, demands, causes of action, damages or suits at law and equity of any kind, including but not limited to claims for personal injury, property damage, medical expenses, loss of services, on account of or in any way related to or growing out of my presence or involvement at the facility.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I further covenant and agree not to institute any claims or legal action against The Well Community Development Corporation for any claim released by this Agreement. I further agree that should any claim be made against The Well Community Development Corporation in contravention of this Agreement, including but not limited to derivative claims, I will protect, defend and completely indemnify (reimburse) The Well Community Development Corporation for any such claim and expenses including attorney's fees and costs incurred by The Well Community Development Corporation in defending themselves or security indemnity hereunder.

I understand that The Well Community Development Corporation is not responsible for any lost, stolen, or damaged valuables or property.

I have read the Agreement and understand that by signing the Agreement I have consented to be bound by its terms, including the waiver/release of any legal right I may have to sue The Well Community Development Corporation for any costs they incur because a claim or legal action is brought in violation of this Agreement. I agree any violation of the Agreement and its terms and conditions, as determined by The Well Community Development Corporation, will void and terminate this Agreement and may result in loss of the ability to use the facility.

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Signature of Volunteer: _____ Date _____

I am the parent or legal guardian of the Volunteer. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Signature of Parent/Legal Guardian if Volunteer is Under 18: _____ Date _____