





Volunteer Waiver of Liability

This Release and Waiver of Liability (the "Release") executed: DATE: Association, Backyard Mission Trip, Hancock County Solid Waste Management Discongregation and its respective directors, officers, trustees, employees, volunteers and Volunteer, desire to work as a volunteer for one or more of the Released Parties and ("Activities"). The Volunteer understands that the activities may include constructing and consuming food. The Volunteer hereby freely, voluntarily, and without duress executes this Release Waiver and Release. I, the Volunteer, do hereby release and forever discharge and successors and assigns from any and all liability, claims and demands which I or my	strict, Keep America I d agents (collectively engage in the activitie g and rehabilitating re ase under the following hold harmless the Rel	Beautiful or any are, the "Released Passed to being sidential building ing terms: leased Parties and	ffiliated arties"). I, the g a volunteer gs, landscaping
may have or which may hereinafter accrue with respect to any bodily injury, persona arise or may hereafter arise from or is in any way related to my Activities with any or part by the simple negligence, fault or other misconduct, other than intentional or groor of other volunteers. I understand and acknowledge that by this Release I knowingl with the Activities. I also understand that the Released Parties do not assume any respassistance or other assistance, including but not limited to medical, health or disability property damage.	I injury, illness, death f the Released Parties ossly negligent conduct by assume the risk of i ponsibility for or obli	n or property dama s, whether caused ct, of any of the R injury, harm and I gation to provide	age which wholly or in deleased Partie oss associated financial
Medical Treatment . I, the Volunteer, do hereby release and forever discharge the R which arises or may hereafter arise on account of any first aid, treatment or service rethe Released Parties.			
Assumption of the Risk. I, the Volunteer, understand that my Activities may include not limited to, the following: construction; loading and unloading; travel to and from mold, which may cause or worsen certain illnesses, especially if I do not wear protectime, or have a pre-existing immune system deficiency. I also understand there is some understand insurrection, criminal activities, inclement weather or other circumstance. Insurance. I, the Volunteer, understand that, except as otherwise agreed to by the Refunder no obligation to provide, carry or maintain health, medical, travel, disability or Volunteer is expected and encouraged to obtain his or her own health, medical, travel Photographic Release. Volunteer does hereby grant and convey unto the Released Photographic images and video or audio recordings made by the Released Parties or limited to, any royalties, proceeds, or other benefits derived from such photographs of Other. Volunteer expressly agrees that this Release is intended to be as broad and in and that this Release shall be governed by and interpreted in accordance with the law event that any clause of this Release shall be held to be invalid by any court of comperovision shall not otherwise affect the remaining provisions of this Release which shall not otherwise affect the remaining provisions of this Release which shall not otherwise affect the remaining provisions of this Release which shall not otherwise affect the remaining provisions of this Release which shall not otherwise affect the remaining provisions of this Release which shall not otherwise affect the remaining provisions of this Release which shall not otherwise affect the remaining provisions of this Release which shall not otherwise affect the remaining provisions of this Release which shall not otherwise affect the remaining provisions of this Release which shall not otherwise affect the remaining provisions of this Release which shall not otherwise affect the remaining provisions of this Release which shall not otherwise affe	the work sites; and extive equipment, am extive equipment, am extive equipment, am extine inherent risk in constant could threaten released Parties in writer other insurance covered, disability or other in Parties all right, title a during the Backyard Dor recordings. Clusive as permitted by softhe State of Ohio etent jurisdiction, the shall continue to be entitled to the state of the State of Ohio etent jurisdiction, the shall continue to be entitled to the state of the State of Ohio etent jurisdiction, the shall continue to be entitled to the state of the State of Ohio etent jurisdiction, the shall continue to be entitled to the state of the State of Ohio etent jurisdiction, the shall continue to be entitled to the state of the State of Ohio etent jurisdiction, the shall continue to be entitled to the state of the State of Ohio etent jurisdiction, the shall continue to be entitled to the state of the State of Ohio etent jurisdiction, the shall continue to be entitled to the state of the State of Ohio etent jurisdiction, the shall continue to be entitled to the state of the State of Ohio etent jurisdiction, the shall continue to be entitled to the state of the State of Ohio etent jurisdiction.	xposure to lead, a xposed for extend insuming foods. I my health or safetting, the Released grage for any Volumsurance coverage and interest in any Mission Trip, include the laws of the convolunteer agreed invalidity of such forceable.	asbestos, and led periods of further by. Parties are unteer. Each e. and all luding, but not States of Ohio es that in the
IN WITNESS WHEREOF, Volunteer has executed this Release as of the da	ay and year first a	bove written.	
Volunteer Name: PLEASE PRINT:	☐ YES	□ NO	
Signature of Volunteer, if volunteer is Minor Child, Please have Parent	or Legal Guardian	Sign Below:	
X:	\square Volunteer	or 🗌 Parent	/Guardian
Volunteer Address (please print):			
Street	City	State	Zip

Day Phone Number:_____ Email:____

Emergency Contact Name:

Work Phone: (____) Home Phone: (____)