



# VOLUNTEER/INTERN RELEASE AND WAIVER OF LIABILITY FORM

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

Thank you for your willingness to volunteer with Pulaski County. Please read, complete, and sign the information below:

## EVENT/DEPARTMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

LOCATION: \_\_\_\_\_

## VOLUNTEER/INTERN INFORMATION (PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

email: \_\_\_\_\_

(Optional if you would like us to contact you for future volunteer event)

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

## VOLUNTEER AGREEMENT

As a volunteer, I Release and hold harmless Pulaski County and their successors from any and all claims, costs, suits, actions, judgments or expenses upon any damage, loss or injury to me or to my property, which may arise from this volunteer event.

I, the above named Volunteer, do hereby give my consent to participation in activities of the event listed above for Pulaski County. The Volunteer understands that the scope of the Volunteer's relationship with Pulaski County is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; and that Pulaski County will not provide any benefits traditionally associated with employment to Volunteer. The Volunteer is responsible for the their own insurance coverage in the event of personal injury or illness as a result of participation in activities of the Pulaski County.

1. Waiver and Release: I Release and forever discharge and hold harmless Pulaski County 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 the activities as a Volunteer, including claims arising out of negligence. I understand and acknowledge that this Release discharges Pulaski County from any liability or claim that I may have with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services the Volunteer provides or occurring while Volunteer is providing volunteer services.
  
2. Insurance: I affirm that I am covered by primary medical insurance and understand that I am responsible for my medical bills if injury occurs. Further, I understand that Pulaski County does not assume any responsibility for or obligation to provide the Volunteer with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of the Volunteer's injury, illness, death or damage to his or her property. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of such injury or medical expenses incurred by the Volunteer.
  
3. Assumption of Risk: I understand that the services provided by me to Pulaski County may include activities that are inherently dangerous to me dependent upon the event for which I am volunteering. I hereby expressly assume the risk of injury or harm to me from these activities and Release Pulaski County from all liability for injury, illness, death, or property damage resulting from the services I provide as a volunteer or occurring while I am participating in events.
  
4. Photographic Release: I, grant and convey to Pulaski County all rights, titles, and interests in any and all photographs, images, video or audio recordings of the Volunteer or his or her likeness or voice made in connection with the Volunteer participating in such events, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
  
5. Medical Treatment: I, hereby Release and forever discharge Pulaski County from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer. I also give my consent for Pulaski County to provide, administer, or obtain medical treatment for me.
  
6. Other: I, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Virginia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Virginia. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I, the above named Volunteer, express my understanding and intent to enter into this Release and Waiver of Liability knowingly and voluntarily.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

NOTE: If the volunteer/intern is under the age of 18, a parent or legal guardian must sign.

Parent Signature: \_\_\_\_\_