

Community Service Volunteer Release Waiver

I, the undersigned volunteer, acknowledge that I am participating in community service activities of my own free will. I am aware that my participation may involve physical activity, transportation, or contact with individuals and environments that could present risk. I understand, accept, and assume all associated risks.

Release of Liability

By signing below, I hereby release and hold harmless the organizing body, its representatives, employees, and agents from any and all liability, claims, or demands for personal injury, illness, damage, or loss resulting from my participation, except to the extent caused by gross negligence or willful misconduct.

Medical Treatment

In case of injury or illness, I authorize any medical treatment deemed necessary by licensed medical personnel. I agree to be responsible for any related costs.

Volunteer Information

Full Name:

Address:

Phone:

Email:

Volunteer Signature: Date: