NETWORK LIABILITY RELEASE FORM

Liability Release

I wish to volunteer for Network. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. I understand that Network has the right to provide or arrange for emergency care and to provide or arrange for emergency care transportation if medical treatment is deemed to be necessary by Network staff. Network is not financially responsible for such treatment. I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release Network from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer. I understand that any items I bring into Network (camera, cell phone, other personal electronics, purses, jewelry etc.) are my responsibility, and Network is in no way responsible for lost, missing, stolen or damaged items. If you have to bring a purse on to the premises, then it must be stored in a designated area. Knowing this and in consideration of being allowed to volunteer, I hereby assume full and complete responsibility for any personal injury and/or property damage that I sustain or cause during my participation as a volunteer. In addition, I hereby release, hold harmless and covenant not to file suit against Network and any of their employees, volunteers, partners, agents, sponsors, board members and successors from any and for any and all loss, liability or claims that may arise out of my services as a volunteer.

Volunteer and/or Parent/Legal Guardian Signature / Date

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