

CASE MEMORIAL LIBRARY
VOLUNTEER WAIVER FORM

Volunteer's Name: _____

RELEASE AND WAIVER OF LIABILITY

I, on behalf of myself (and my minor child/children identified herein) hereby acknowledge that I am fully aware that participation in volunteer work for the Case Memorial Library may include exposure to risks including, but not limited to physical strain, accidents, falls, exposure to indoor and outdoor irritants, transportation risks, illness, theft and other actions of the public. Furthermore, I do hereby expressly and specifically assume the risk of injury or harm and release the Case Memorial Library from all liability for injury, illness, insult, death, property loss, or property damage resulting from my activities with the Case Memorial Library, whether caused by the negligence of the Case Memorial Library or its officers, directors, employees, agents, patrons or otherwise. Further, I acknowledge and represent that I have no knowledge or reason to know of any personal physical or mental limitations, conditions or other restrictions which would make any activities personally inadvisable (or inadvisable for my minor child/children).

do hereby fully release and forever discharge the Case Memorial Library and each of its directors, officers, employees, agents and representatives, of and from any and all actions, suits, controversies, liabilities, claims and demands, whatsoever in law or equity, which I (and/or any minor child/children) or my (or his/her/their) executors, administrators or heirs ever had, now has or may have in the future by reason of any matter, including, but not limited to, any cause of actions that might arise out of or in connection with my (or my minor child's/children's) participation in the activities of the Case Memorial Library and specifically any injury or illness that I (or my minor child/children) may suffer. I expressly waive for myself (and my minor child/children) any claim for compensation on the part of the Case Memorial Library beyond what may be offered freely by authorized representatives of the library in the event of any injury or medical expense incurred by me (or my minor child/children). I do hereby release and forever discharge the Case Memorial Library from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my own (and/or my minor child/children's) activities with the Case Memorial Library. I understand that, except as otherwise agreed to by the Case Memorial Library in writing, the library does not maintain health, medical, workers' compensation, or disability insurance for any volunteer.

On behalf of myself (and my minor child/children), I also convey all right, title and interest in any photographic images and video or audio recordings made by the Case Memorial Library (or at the organization's direction) during my own (and my minor child/children), volunteer activities with the Case Memorial Library.

Parent or Guardian Name: _____

Signature: _____ Date _____

Address: _____