

RELEASE AND WAIVER OF LIABILITY FOR Volunteers

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This Release	e and Waiver of Liability (the "Release") is executed on this	day of	, 20, by	, (the
"Volunteer"	'), in favor of The Arc of Bartholomew County, a nonprofit orga	ınization corporati	on, their directors, officers,	, employees, and agents.
("Activities"	teer, desire to work as a volunteer for The Arc of Bartholomew ').In consideration of being allowed to participate in The Arc of duress execute this Release under the following terms:			
	d Waiver: I, the Volunteer, do hereby release and forever dischand assigns from any and all liability, claims, and demands of w	_		-
	ise from my Activities with The Arc of Bartholomew County, as related to the same.	nd further agree to	indemnify The Arc of Bart	tholomew County for
have against from my Ac directors, en	tteer, understand and acknowledge that this Release discharges of the Arc of Bartholomew County with respect to bodily injury, stivities with The Arc of Bartholomew County, whether caused imployees, or agents or otherwise. I also understand that The Arc of provide financial assistance or other assistance, including but these.	by the negligence of Bartholomew	llness, death, or property da of The Arc of Bartholomew County does not assume a	amage that may result v County or its officers, ny responsibility for or
Photograph	nic Release: I, the Volunteer, do hereby grant and convey unto	The Arc of Bartho	olomew County all right, tit	le and interest in any and
	phic images and video or audio recordings made by The Arc of			-
	luding, but not limited to any royalties, proceeds, or other benef		-	
Indiana, and that any clau	ne Volunteer, expressly agree that this Release is intended to be if that this Release shall be governed by and interpreted in accordance or provision of this Release shall be held to be invalid by an hall not otherwise affect the remaining provisions of this Release	dance with the law y court of compete	rs of the State of Indiana. I ent jurisdiction, the invalidi	agree that in the event
Please indica	ate your understanding of and agreement with the following sta	tements by writing	g your initials on the line pr	receding each statement:
activities.	will abide by all safety instructions and information provided t	o me by staff befor	re and during all The Arc o	f Bartholomew County
I	have no known physical or mental condition that would impair	my capability to p	participate fully, as intended	d or expected of me.

I have carefully read the foregoing release and waiver of liability and understand the contents thereof.

Volunteer:	Name: (printed clearly)				
	Address:	City:	State:	_ ZIP:	
	Phone: (H)	(Cell)	(W)		
	E-mail:				
	Signature:		Date:		
Emergency	Contact:				
Name:					
Relationship	to you:				
Dhone					