



Volunteer Release & Waiver of Liability

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

This Release and Waiver of Liability executed on this ____ day of _____, 2023 by _____ (the "Volunteer") and the Blaine Senior Center, a nonprofit corporation and their directors, officers, employees, and agents (collectively, "BSC").

The Volunteer desires to work as a volunteer for BSC and engage in the activities related to being a Volunteer (the "Activities"). The Volunteer understands that the Activities may include gardening and lawn care, working in the BSC office, working on other specific projects or fund raisers, working in the BSC kitchen and general Center help; including set-up, cleaning, and/or decorating. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following term:

Release & Waiver. Volunteer does hereby release and forever discharge and hold harmless BSC and its successors and assigns from any all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with BSC.

Volunteer understands that the Release discharges BSC from any liability or claim that the volunteer may have against BSC with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with BSC, whether caused by the negligence of BSC or its officers, directors, employees, or agents or otherwise. Volunteer understands that BSC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment. Volunteer does hereby release and forever discharge BSC from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with BSC.

Assumption of Risk. The Volunteer understands that the Activity included work that may be hazardous to the Volunteer. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases BSC from all liability for injury, illness, death, or property damage resulting from the Activities.

Photographic Release. Volunteer does hereby grant and convey unto BSC all right, title, and interest in any and all photographic images and video or audio recordings made by BSC during the Volunteer's Activities with BSC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Washington, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be

enforceable. Volunteer expressly agrees that BSC may run any background check deemed necessary. No person may volunteer who has been convicted of a crime of a sexual nature. No person may volunteer who has been convicted in the last seven (7) years of a crime of a violent nature or of theft or burglary IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Criminal and Sex Offender Background Check. By my signature below, I am authorizing the Blaine Senior Center to conduct a Criminal and a Sex Offender background check with local, state and national criminal databases and sex offender registries.

Volunteer: _____ Witness: _____

Date: _____

Volunteer Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Birth Date: _____

Emergency Contact Information

In Case of Emergency Contact: _____

Relationship: _____

Phone: _____

Physician Name: _____

Physician Phone: _____

Thank you for your support of the Blaine Senior Center!