



## WAIVER & RELEASE OF ALL CLAIMS FOR VOLUNTEER ACTIVITIES

**IMPORTANT INFORMATION:** Volunteers and parents of volunteers agreeing to participate in volunteer activities must recognize and appreciate that there are always inherent risks of injury associated with any volunteer activities. Such risks will vary depending upon the nature of the particular volunteer activity and the physical condition of the volunteer.

Please recognize that Raleigh City Farm does not carry medical/accident insurance for injuries sustained in its volunteer programs. It should be further recognized that the absence of medical/accident insurance does not make Raleigh City Farm responsible for the payment or reimbursement of medical expenses. Therefore, each person participating in volunteer activities, and/or their parents, does so at their own risk and is solely responsible for any injuries or medical costs incurred as a result of volunteer activities.

**WAIVER & RELEASE OF ALL CLAIMS:** *Please read this form carefully and be aware that agreeing to your participation in volunteer activities or the participation of a family member, you will be waiving and releasing any and all claims for damages or injuries that you or your minor child/ward might sustain arising out of or in connection with the volunteer activities.*

As a participant or parent/guardian of the participant in the volunteer activities, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with the volunteer activities.

**I agree to waive and relinquish any and all claims that I or my minor child/ward may have against Raleigh City Farm, their officers, officials, landlords, volunteers, agents and employees as a result of and in connection with participating in the volunteer activities.**

**I do hereby fully release and discharge Raleigh City Farm, their officers, officials, landlords, volunteers, agents and employees from any and all claims from injuries, damage, or loss which I or my minor child/ward may have or which may assure to me or my minor child/ward on account of participation in the volunteer activities.**

I further agree to indemnify, hold harmless, and defend Raleigh City Farm, their officers, officials, landlords, volunteers, agents and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child/ward, or arising out of, connected with, or in any way associated with the activities of the volunteer activities.

In the event of any emergency, I authorize Raleigh City Farm to secure from any licensed hospital, physician, or medical personnel any treatment deemed necessary for me or my child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I agree to follow Center of Disease Control (CDC) and local health district guidelines and Raleigh City Farm policies and procedures for social distancing to reduce the spread of Novel Coronavirus, or COVID-19. This will require me to maintain six (6) feet of distance between myself, fellow volunteers, and patrons of the organization as much as possible. This procedure will be required for visitor-to-visitor contact as well to limit exposure. I agree to utilize surgical masks or improvised masks such as scarves, bandanas, and handkerchiefs to reduce the risk of exposure to myself and others. I agree to wash or sanitize my hands after using the restroom, sneezing, and coughing, and before eating or preparing meals or sundries for distribution, and will properly wear and utilize gloves. I attest that I do not have any symptoms of illness such as a fever, cough or shortness of breath, and that if I develop such symptoms or come in contact with anyone with such symptoms or who has otherwise tested positive for COVID-19, I will not engage in any voluntary activities at Raleigh City Farm during the period of my illness and for at least 14 days after my illness or contact with such person.

I understand that there is no direct medical health coverage afforded to me during my relationship with Raleigh City Farm. Raleigh City Farm is not responsible for any potential exposure to Novel Coronavirus, or COVID-19, which is not a direct result of negligence on the part of its employees, volunteers, or the organization.

**PHOTOGRAPHIC RELEASE:** I understand and agree that during the volunteer activities, I may be photographed and/or videotaped by the Raleigh City Farm for internal and/or promotional use. I hereby grant and convey to the Organization all right, title, and interest, including but not limited to, any royalties, proceeds, or other benefits, in any and all such photographs or recordings, and consent to Raleigh City Farm's use of my name, image, likeness, and voice in perpetuity, in any medium or format, including but not limited to, in and on brochures and other print publications, electronic, magnetic, and optical media, display, point-of-sale, and other advertising and promotional materials, press releases, the internet and other digital transmission or delivery methods, mobile applications, on any platform and for any purpose, including but not limited to advertising, public relations, publicity, packaging, and promotion of Raleigh City Farm and its affiliates and its businesses, products, and services, without further compensation or permission.

**UNDERSTANDING OF AGREEMENT: I hereby certify that I have read and understand the contents of this document and agree to be bound by its terms. This Waiver & Release is valid for 1 year from date signed.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Name (print): \_\_\_\_\_

Phone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian (if volunteer is under 18):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Name (print): \_\_\_\_\_

Emergency Contact (if volunteer is under 18)

Name (print): \_\_\_\_\_

Tel: \_\_\_\_\_