



Youth

Release, Waiver of Liability, and Volunteer Agreement

PRINT NAME: _____

In consideration of being permitted to participate in volunteer activities for and with the Union County Cooperative Extension, I agree to assume all risk of injury which could result from my participation in any activity relative to volunteering for the Union County Cooperative Extension, and agree to all other terms set forth herein. I hereby release, waive, and discharge Union County, its officers, employees and agents (hereinafter collectively referred to as the "Released Parties") from any and all damages or injury to my person and my property whether caused by the negligence of the Released Parties or otherwise. I further agree not to sue the Released Parties for any and all damages or injury to my person and my property whether caused by the negligence of the Released Parties or otherwise. I also agree to protect, defend, indemnify and hold Union County, its officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings, or causes of action of every kind in connection with or arising out of injury to my person while volunteering for the Union County Cooperative Extension.

I understand and acknowledge that the activities in which I will be engaged are dangerous and may well result in bodily injury. I hereby accept the premises, supervision, facilities, and equipment as being satisfactory for the activities in which I will be involved. I have been given the opportunity to inspect the premises, equipment, supervision and facility as well as an opportunity to talk with officials of the Union County Cooperative Extension regarding my participation, or waive the right to do such. I understand that immediately prior to each activity, I have the opportunity to inspect the premises, facility or equipment and notify the officials of the Union County Cooperative Extension of any objection to the premises, facility, equipment, or supervision, and have the choice whether or not to participate in said program or activity.

I agree to conform to Union County Cooperative Extension rules. I understand that a criminal records check may be conducted if it is required by my volunteer placement, and that references may be contacted. I also understand that Union County Cooperative Extension reserves the right to discontinue the services of any volunteer at any time.

I understand that my volunteer services to Union County Cooperative Extension are to be completed without remuneration or monetary benefit of any kind. I also understand that I am responsible for my own insurance (medical, automobile, liability or any other), and that Union County is not responsible for workers' compensation coverage for me. I also give my permission to use any photographs taken of me for marketing or other purposes.

Under the Age of 18 Years - PLEASE READ CAREFULLY BEFORE SIGNING

I acknowledge my participation in volunteer activities for and with the Union County Cooperative Extension. With full knowledge of the activities involved, I HEREBY ASSUME THE RISKS OF PARTICIPATING IN Volunteer activities for and with the Union County Cooperative Extension.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or related to my participation in, or my participation in volunteer activities for and with the Union County Cooperative Extension.

I AM UNDER THE AGE OF EIGHTEEN (18) YEARS AND I HAVE READ THIS DOCUMENT. MY PARRENT/GAURDIAN HAS ALSO READ AND COMPLETED THE SECTION BELOW.

SIGNATURE: _____ DATE _____

PARENTAL CONSENT (If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.)

The undersigned, _____ (the parent and natural guardian or legal Guardian) of _____ (minor’s name) hereby executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the volunteer activities of the Union County Cooperative Extension mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

PARENT OR GAURDIAN PRINT NAME: _____

SIGNATURE: _____ DATE _____

Emergency Notification Information

First Last Relationship

(Mobile) (Home) (Work)

3230-D Presson Road · Monroe, North Carolina 28112 · 704-283-3801
All services are available without regard to origin, sex, or disability.