



Healthy Communities Coalition Rural Health and Nutrition Initiative Waiver/Release of Liability

Thank you for volunteering your time today! We greatly appreciate your assistance and commitment to helping our community!

This Release and Waiver of Liability (the "Release") executed

on _____ (Month) _____ (Day) of 20 _____

By (Name First & Last) _____ (The "Volunteer") in favor of Healthy Communities Coalition of Lyon and Storey Counties, a non-profit corporation, their directors, officers, employees, and agents.

The volunteer desires to work as a volunteer for Healthy Communities Coalition of Lyon and Storey Counties (HCC) and engage in the activities related to being a volunteer. The Volunteer understands that the activities include working in conditions that may present a risk to the volunteer. The volunteer hereby freely, voluntarily, and without duress executes this release under the following terms:

I am aware of the risks and hazards that may arise through participation in volunteering for HCC and assume any expenses and liabilities I incur in the event of an accident, illness or other incapacity. If I have had any questions about volunteering, it's nature, risks or hazards, I have contacted the organization and discussed those questions to my satisfaction.

In consideration of my participation today, I, for myself, my executors, heirs, administrators, agents and assigns do hereby release and forever discharge Healthy Communities Coalition, and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity organizers, sponsors, and volunteers; and cooperating landowners from all claims of damages, demands, and any actions whatsoever, including those based on negligence, in any manner arising out of my participation in this activity. I understand that this Release means that, among other things, I am giving up my right to sue for any such losses, damages, injury or costs that I may incur.

I represent and certify that my true age is either 18 years old or, if I am under 18 years old on this date, my parent or legal guardian has read and signed this form. I have read this entire Release, I fully understand it, and I agree to be legally bound by it.

Signatures

Participant's Signature: _____

Printed Name: _____

Date: _____

Parent/Guardian's Signature

(if under 18 years of age); _____

Printed Name: _____

Date: _____