

CASA (Care Assurance System for the Aging and Homebound) of Madison County

Release and Waiver of Liability

This is legal document that affects your legal rights!

PLEASE READ CAREFULLY

This release and Waiver of Liability (the "Release") executed on this ___ day of _____, by (your name) _____ (the "Volunteer") in favor of CASA of Madison County, a nonprofit corporation, its directors, officers, employees and agents (collectively, "CASA"). The Volunteer desires to work as a volunteer for CASA and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include constructing and painting wheelchair ramp sections. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver: Volunteer does hereby release and forever discharge and hold harmless CASA and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with CASA. Volunteer understands that this Release discharges CASA from any liability or claim that the Volunteer may have against CASA with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with CASA, whether caused by the negligence of CASA or its officers, directors, employees, or agents or otherwise. Volunteer also understands that CASA 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 CASA 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 CASA.

Assumption of the Risk: The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases CASA from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance: The Volunteer understands that, except as otherwise agreed to by CASA in writing, CASA does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

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

Sex Offender Registry Check: CASA of Madison County screens all staff, board members, applicant families, and key volunteers on the National Sex Offender Public Registry. By completing this waiver you are submitting to such an inquiry.

Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Alabama and that this Release shall be governed by and interpreted in accordance with the laws of the State of Alabama. 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 the Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Signature: _____
Print Name: _____
Address: _____
City/State/Zip : _____
Phone: _____
Email: _____
Affiliation: _____

EMERGENCY CONTACT:
Name: _____
Relationship: _____
Phone: _____
Your Insurance Co. _____
Witness: _____