

Camp CoBeAc

Volunteer Waiver, Release and Indemnity Form

Name of Volunteer (please print): _____
Address: _____ Phone: _____
Volunteer Activity: _____
Dates/Location of Volunteer Activity: _____

I, the undersigned volunteer, desire and agree to volunteer for Camp CoBeAc in the volunteer activity described above. I further understand and agree as follows:

1. I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of Camp CoBeAc, and Camp CoBeAc will not provide insurance coverage for me;
2. I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity;
3. I assume all risks of participating in this volunteer activity and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering, and I understand that the Camp CoBeAc is not responsible for conditions that I create myself or those created by other volunteers or participants;
4. I, binding my heirs, executors, administrators and assigns, hereby agree to release, hold harmless and indemnify Camp CoBeAc, its officers, officials, employees, agents and volunteers, from and against any and all loss, damage, expense or cost (including attorneys fees) of any kind for injuries (including property damage, personal injury, disability and death) arising out of this volunteer activity, whether caused by the negligence of Camp CoBeAc or otherwise.

I (and parent/legal guardian if volunteer is under age 18) have carefully read this release and understand and agree with all of its terms and conditions.

Signature of Volunteer: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Printed Name of Parent/Legal Guardian: _____
(if volunteer is under age 18)