

Volunteer Release & Waiver of Liability Form

volunteer Kelease	& waiver of Liability Form
the law of the State of Massachusetts and each of its direct volunteer services for the Nonprofit and engage in activities	ne A.M.S.I. Foundation ("Nonprofit") organized and existing under ors, officers, employees and agents. The Volunteer desires to provide as related to serving as a volunteer for The A.M.S.I. Foundation's tributor, candy distributor, course guide, greeter, maintenance crew,
compensation is expected in return for services provided b	lationship with Nonprofit is limited to a volunteer position and that no y Volunteer; that Nonprofit will not provide any benefits traditionally lunteer is responsible for his/her own insurance coverage in the event ices to the Nonprofit.
assigns from any and all liability, claims and demand may hereafter arise from the services I provide to No Nonprofit from any liability or claim that I may have death, or property damage that may result from the s volunteer services. 2. Insurance: Further I understand that Nonprofit doe financial or other assistance, including but not limite the such claim for compensation or liability on the pevent of such injury or medical expenses incurred by 3. Medical Treatment: I hereby Release and forever thereafter arise on account of any first-aid treatment of during my tenure as a volunteer for Nonprofit. 4. Assumption of Risk: I understand that the services	forever discharge and hold harmless Nonprofit and its successors and ds of whatever kind or nature, either in law or in equity, which arise or onprofit. I understand and acknowledge that this Release discharges against Nonprofit with respect to bodily injury, personal injury, illness, ervices I provide to Nonprofit or occurring while I am providing as not assume any responsibility for or obligation to provide me with the dot of medical, health or disability benefits or insurance of any nature in art of Nonprofit beyond what may be offered freely by Nonprofit in the or me. discharge Nonprofit from any claim whatsoever which arises or may not other medical services rendered in connection with an emergency as I provide to Nonprofit may include activities that may be hazardous to se of a large group of runners and walkers. As a volunteer, I hereby
expressly assume the risk of injury or harm from the 5. Photographic Release: I grant the Nonprofit all rig of me or my likeness made by Nonprofit in connection 6. Other: As a volunteer, I expressly agree that this is by the laws of the State of Massachusetts and that the accordance with the laws in the State of Massachuse and Waiver is deemed invalid, the enforceability of the below, I express my understanding and interest the state of Massachuse and Waiver is deemed invalid, the enforceability of the signing the below, I express my understanding and interest and the state of Massachuse and Waiver is deemed invalid, the enforceability of the signing the below, I express my understanding and interest and the state of Massachuse and Waiver is deemed invalid, the enforceability of the significant contents and the state of Massachuse and Waiver is deemed invalid, the enforceability of the state of Massachuse and Waiver is deemed invalid.	se activities and Release Nonprofit from all liability. tht, title and interests in any and all photographs, images, video or media
voluntarily.	
Volunteer Signature (Parent Signature under 18)	Date
Volunteer's Name (Printed)	
Address	Phone

Volunteer Group (If Applicable)

Email Address