

Walla Walla University
Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "Release") executed on _____ (date) by _____, (the "Volunteer"), releases Walla Walla University and its successors, assigns, owners, officers, directors, managers, partners, members, employees, volunteers, sponsors, agents, representatives, lessees and lessors of premises used to conduct volunteer work (collectively, the "Releasees").

Volunteer desires to provide volunteer services for Walla Walla University on _____ (date(s)). In consideration of the opportunity afforded to Volunteer to participate in volunteer activities organized by Walla Walla University ("Volunteer Activities"), the Volunteer hereby agrees to the following:

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless the Releasees from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the Volunteer Activities I provide to Walla Walla University. I understand and acknowledge that this Release discharges the Releasees from any liability or claim that I may have against the Releasees with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer Activities I provide to Walla Walla University or occurring while I am performing Volunteer Activities.
2. Insurance: Further I understand that the Releasees do not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance, except for any coverage provided for under any Walla Walla University volunteer insurance policy applicable to my Volunteer Activities. I expressly waive any such claim for compensation or liability on the part of the Releasees.
3. Medical Treatment: I hereby release and forever discharge the Releasees from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Walla Walla University.
4. Assumption of Risk: I understand that the Volunteer Activities I provide to Walla Walla University may include activities that may be hazardous to me including but not limited to inherently dangerous activities and exposure to airborne illnesses or diseases. As a volunteer, I hereby expressly assume risk of injury or harm from these Volunteer Activities and release the Releasees from all liability.
5. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by applicable law and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. I agree that in the

event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Volunteer Name

Volunteer Signature

Date

If Volunteer is under age 18, parent or legal guardian must also sign.

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date