

Amston Lake District Volunteer Release and Waiver of Liability Form (S)

This is a Release and Waiver of Liability (the “release”) executed on (date) _____

by (name of volunteer) _____ hereby releasing, forever discharging, holding harmless ALD and agreeing not to sue the Amston Lake District (“ALD”), a special district organized and existing under the laws of the State of Connecticut and each of its directors, officers, employees, and agents, successors and assigns from any and all claims, demands, and liability of any kind resulting from my volunteer services provided to the ALD (including from any damage to persons or property).

I (name of volunteer) _____ understand:

(please check boxes below after reading to indicate understanding and acceptance)

- The scope of my volunteer relationship with ALD is strictly on a volunteer basis and that no compensation is expected except for a nominal fee;
- ALD will not provide any benefits traditionally associated with employment to me as a volunteer;
- I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my volunteer services unless Workman’s Compensation coverage is available through ALD’s carrier;
- ALD does 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
- ALD’s provision of time, materials, instruction, training and/or access related to the volunteer services provided by me, which would otherwise not be provided, constitute the consideration for the agreements herein;
- I understand that participating in my volunteer activities may involve certain risks. I hereby expressly assume risk of injury or harm from any volunteer activities and Release ALD from all liability, as stated above;
- I grant and convey to ALD all right, title and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by ALD in connection with my providing volunteer services to ALD;
- As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Connecticut and that this Release shall be governed by and interpreted in accordance with the laws of the State of Connecticut. I agree that in the event that any clause of provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected;
- I may stop my volunteer services at any time and without prior notice to ALD.

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

Signature (or parent/guardian if under age 18)

Date

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