



# MIDTOWN ALLIANCE OF NEIGHBORS

## RELEASE AND WAIVER OF LIABILITY

Important: Each volunteer must read and sign the "Release and Waiver of Liability" before volunteering on a Midtown Alliance of Neighbors site. Please complete this form and hand it in to Midtown Alliance of Neighbors staff members before you volunteer.

**This Waiver of Liability (the "Waiver") executed on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_ (the "Volunteer") in favor of MIDTOWN ALLIANCE OF NEIGHBORS, a nonprofit corporation organized and existing under the laws of the State of Kentucky, USA.**

**I, the Volunteer, desire to work as a volunteer for Midtown Alliance of Neighbors and engage in the activities related to being a volunteer for a work project.**

**I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:**

**1. Waiver and Release.** I, the Volunteer, release and forever discharge and hold harmless Midtown Alliance of Neighbors 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 my volunteer work with Midtown Alliance of Neighbors.

I understand and acknowledge that this Waiver discharges Midtown Alliance of Neighbors from any liability or claim that I, the Volunteer, may have against Midtown Alliance of Neighbors with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on a Midtown Alliance of Neighbors work site. I also understand that Midtown Alliance of Neighbors 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, illness, death or property damage.

**2. Insurance.** I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of Midtown Alliance of Neighbors beyond what may be offered freely by a representative of Midtown Alliance of Neighbors in the event of such injury or medical expense.

**3. Medical Treatment.** I hereby release and forever discharge Midtown Alliance of Neighbors 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 time with Midtown Alliance of Neighbors.

**4. Assumption of the Risk.** I understand that my time with Midtown Alliance of Neighbors may include activities that may be hazardous to me, including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from the work sites. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Midtown Alliance of Neighbors from all liability for injury, illness, death, or property damage resulting from the activities of my time with Midtown Alliance of Neighbors.

**5. Other.** I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Kentucky in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Kentucky. I agree that in the event that any clause or provision of this Waiver 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 this Release which shall continue to be enforceable.

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Volunteer's Signature

Date

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Print Volunteer's Name

Organization (if applicable)

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Street Address

City

State

Zip code

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Parent Signature (if under 18 years of age)



# MIDTOWN ALLIANCE OF NEIGHBORS

## PHOTO RELEASE

**Photo Release:** I give Midtown Alliance of Neighbors permission to publish in print, electronic, or video format the likeness or image of myself/ my child. I release all claims against the Organization with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

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Signature

Date

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Print Name

Organization (if applicable)

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Street Address

City

State

Zip code

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Parent Signature (if under 18 years of age)