Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the “Release”) executed on the _____ day of ____________, 2021 by ____________________________ (“Volunteer”) in favor of Cincinnati Recycling and Reuse Hub, an Ohio non-profit corporation, and each of its directors, officers, employees, and agents (collectively, “Nonprofit”). Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer for Nonprofit in accordance with the terms set forth herein. This Release shall be effective from the execution date of this Release and through December 31, 2021 (or until such earlier time that Volunteer desires to terminate such Release).

Volunteer understands that the scope of Volunteer’s relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer: that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer, including, but not limited to, workers compensation insurance; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to Nonprofit.

1. Waiver and Release: Volunteer releases and forever discharges and holds harmless Nonprofit and its successors and assigns 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 services Volunteer provides to Nonprofit. Volunteer understands and acknowledges that this Release discharges Nonprofit from any liability or claim that Volunteer may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services Volunteer provides to Nonprofit or occurring while Volunteer is providing volunteer services.

2. Insurance: Volunteer understands that Nonprofit does not assume any responsibility for or obligation to provide Volunteer with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. Volunteer expressly waives any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by Volunteer.

3. Medical Treatment: Volunteer hereby releases and forever discharges Nonprofit 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 Volunteer’s tenure as a volunteer with Nonprofit.

4. Assumption of Risk: Volunteer is aware and understands that the services Volunteer provides to Nonprofit may include activities that may be hazardous to Volunteer including, but not limited to, the sorting, handling, and moving of recyclables, and other inherently dangerous activities (the “Activities”), and may expose Volunteer to a variety of foreseen and unforeseen hazards and risks. Pursuant to this, Volunteer hereby expressly and specifically assumes any and all risk of injury, harm, or loss, resulting from Volunteer’s participation in the Activities, both foreseen and unforeseen, and releases Nonprofit from all liability in connection thereto.

5. Photographic Release: Volunteer grants permission and conveys to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of Volunteer or their likeness or voice made by Nonprofit in connection with Volunteer providing volunteer services to Nonprofit.

6. Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. Volunteer agrees 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, VOLUNTEER ACKNOWLEDGES THAT VOLUNTEER HAS READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT VOLUNTEER IS VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE NONPROFIT.

Signature of Volunteer: _____________________________________________________

Name of Volunteer (please print): _____________________________________________

Address: __________________________________________________________________

Date: _____________________________________________________________________

IF THE VOLUNTEER IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST ALSO SIGN BELOW.

I am the parent or legal guardian of the Volunteer named above. I have the legal right to consent to and, by signing below, I hereby consent in all respects to the terms of this Release. I authorize Nonprofit to obtain medical treatment for such minor and release it from liability in accordance with this Release.

Signature of Parent or Legal Guardian: _________________________________________

Name of Parent or Legal Guardian (please print): _________________________________

Address: __________________________________________________________________

Date: _____________________________________________________________________

EMERGENCY CONTACT INFORMATION

In case of an emergency, contact:

Name: _________________________________________________________________

Relationship: ____________________________________________________________

Address: __________________________________________________________________

Telephone Number: _______________________________________________________

Email: __________________________________________________________________

Any allergies, medications, or other information needed in an emergency:

________________________________________________________________________

________________________________________________________________________

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