VOLUNTEER RELEASE AND WAIVER OF LIABILITY

Please read this document carefully. By signing this document, you are waiving certain legal rights, including the right to sue The Family Fork of Washington**.**

1. Volunteer Information

Full Name: _____

Phone Number: _____ Email: _____

Address: _____

Emergency Contact Name: _____ Phone: _____

2. Waiver and Release of Liability

I, the undersigned volunteer, desire to provide volunteer services to The Family Fork of Washington (hereafter referred to as the "Organization"). In exchange for the opportunity to volunteer, I hereby freely, voluntarily, and without duress sign this Release and agree to the following terms:

Release: I release and forever discharge and hold harmless the Organization, its directors, officers, employees, and agents from any and all liability, claims, demands, or causes of action arising out of injury, illness, death, or property damage resulting from my volunteer activities.

Assumption of Risk:I understand that volunteer tasks may involve risks of physical injury or property damage. I knowingly and voluntarily assume all such risks associated with my volunteer work.

Insurance: I acknowledge that the Organization does not maintain health, medical, or disability insurance coverage for volunteers. I am responsible for maintaining my own medical and liability insurance.

3. Medical Treatment Authorization

In the event of an emergency, injury, or illness during my volunteer service, I hereby authorize the Organization to secure medical treatment or emergency medical transport as deemed reasonable. I agree to assume full financial responsibility for any costs incurred from such medical care.

4. Photographic & Media Release (Optional)

I grant the Organization permission to use photographs, videos, or recordings taken of me during my volunteer activities for promotional, educational, or marketing purposes without compensation.

Initial here to AGREE _____

Initial here to DECLINE _____

5. Governing Law and Severability

This Release is intended to be as broad and inclusive as permitted by the laws of the State of Washington. It shall be governed by and interpreted in accordance with Washington State law. If any clause or provision is held invalid by a court, the remaining provisions shall continue to be fully enforceable.

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

Volunteer Signature: _____ Date: _____

PARENT / LEGAL GUARDIAN SIGNATURE (Required if Volunteer is under 18)
I am the parent or legal guardian of the minor child named above. I consent to their participation as a volunteer and, on behalf of myself and the minor child, expressly agree to all terms, waivers, and releases outlined in this document.

Parent/Guardian Printed Name: _____
Parent/Guardian Signature:_____ Date: _____