



**Railroad Museum of New England, Inc.  
Volunteer Release and Waiver of Liability Form**

This Release and Waiver of Liability (the “release”) executed on April 2, 2016 by \_\_\_\_\_ (“Volunteer”) releases the Railroad Museum of New England, Inc., a nonprofit corporation organized and existing under the laws of the State of Connecticut and each of its directors, officers, employees, agents, sponsors, partners, and advertisers (“Releasees”) from liability in connection with any acts or omissions arising from or associated with Volunteer’s services or activities for Releasees. Volunteer desires to provide volunteer services for Releasees and engage in activities related to serving as a volunteer. Volunteer desires to provide volunteer services for Releasees and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with Releasees is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Releasees will not provide any benefits traditionally associated with employment to Volunteer; 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 Releasees.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Releasees 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 I provide to Releasees. I understand and acknowledge that this Release discharges Releasees from any liability or claim that I may have against Releasees with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Releasees or occurring while I am providing volunteer services.
2. Insurance: I understand that Releasees 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. I expressly waive any such claim for compensation or liability on the part of Releasees beyond what may be offered freely by Releasees (but which Releasees is not obligated to offer) in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge 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 Releasees.
4. Assumption of Risk: I understand that the services I provide to Releasees may include activities that may be hazardous to me including, but not limited to working with heavy equipment, railroad equipment, and in or near the river involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and release Releasees from all liability.

**Railroad Museum Of New England, 242 East Main Street, Thomaston, CT 06787**  
[WWW.RMNE.ORG](http://WWW.RMNE.ORG)



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- 5. Photographic Release: I grant and convey to Releasees all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Releasees in connection with my providing volunteer services to Releasees.
- 6. Other: 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 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.

\_\_\_\_\_  
Signature of Volunteer  
(Or signature of parent/guardian if volunteer is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Volunteer

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Emergency Contact's Phone Number

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