Reedy Creek Coalition Volunteer Waiver Release Form

Name [please print clearly]:	Date			
Email	Phone			Burely
Address	City & State		Zip	
Emergency Contact:	Phone:			
Relationship to Volunteer: □Spouse	□Parent / Sibling	□Guardian	☐ Partner	□Friend
Waiver: In return for being allowed to parti	icipate in Reedy Creek C o	oalition Volunteer	Activities and al	I related activities,
including any activities incidental to such p	participation, the undersign	ned Volunteer [or Page 1	arent/Legal Guar	dian of Volunteer if
Volunteer is under age 18] (hereafter refer	red to using "I", "me", or "r	my") releases and a	agrees not to sue	the Reedy Creek
Coalition or its officers, sub-contractors, s	sponsors, agents or affiliate	e (Friends of Fore	st Hill Park) from	n all present and future
claims that may be made by me, my family	y, estate, heirs, or assigns	for property damag	ge, personal injur	y, or wrongful death
arising as a result of my participation in the	e Volunteer Activities wher	ever, whenever, or	however the san	ne may occur.
I understand and agree that the Reedy Cre	eek Coalition is not respor	nsible for any injury	or property dama	age arising out of the
Volunteer Activities, even if caused by their	ir ordinary negligence or o	therwise.		
I understand that participation in Volunteer	r Activities involves certain	risks, including, bu	ut not limited to, s	erious injury and
death. I am voluntarily participating in the	Volunteer Activities with kr	nowledge of the dar	nger involved and	d I agree to accept all
risks of participation.				
I also agree to indemnify and hold harmles	ss the Reedy Creek Coali	tion for all claims a	arising out of my p	participation in the
Volunteer Activities.				
I understand that this document is intende	d to be as broad and inclu	sive as permitted b	y the laws of the	Commonwealth of
Virginia and agree that if any portion of this	s Agreement is invalid, the	remainder will cor	tinue in full legal	force and effect.
I also acknowledge that the Reedy Creek	Coalition has not arrange	ed and does not ca	rry any insurance	of any kind for my
benefit or that of the minor Volunteer (nam	ned above), my parents, gi	uardians, trustees,	heirs, executors,	administrators,
successors, and assigns.				
I represent that, to my knowledge, I am in	good health and suffer no	physical impairme	nt that would or s	hould prevent my
participation in Volunteer Activities and that	at I am 18 years old or ord	er.		
I also understand that this document is a c	contract that grants certain	rights to and elimin	nates the liability	of the Reedy Creek
Coalition.				
Signature of Volunteer			Date	
Signature of Parent or Guardian if under 1	8		Date	
I may volunteer with this organization or remainder of the calendar year as noted		•		

reedycreekcoalition@gmail.com ☐ YES ☐NO