



MOUNTAINLANDS
COMMUNITY HOUSING TRUST

Volunteer Waiver of Liability Form

Volunteer Information:

- Full Name: _____
- Address: _____
- City, State, Zip Code: _____
- Phone Number: _____
- Email Address: _____

Event/Activity Information:

- Event/Activity Name: **Park City Day of Service**
- Date(s) of Event/Activity: **September 13, 2025**
- Location of Event/Activity: **Parkside Apartments**

Waiver and Release of Liability:

I, the undersigned volunteer, acknowledge and agree to the following:

1. **Voluntary Participation:** I am voluntarily participating in the event/activity listed above. I understand the nature of the event/activity and acknowledge that I am qualified, in good health, and in proper physical condition to participate in such activity.
2. **Assumption of Risk:** I understand that participation in this event/activity may involve inherent risks, including but not limited to physical injury, illness, or property damage. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the released parties or others, and assume full responsibility for my participation.
3. **Release and Waiver:** I, on behalf of myself, my heirs, assigns, personal representatives, and next of kin, hereby release, discharge, and hold harmless [Organization Name], its directors, officers, employees, agents, volunteers, and other participants (collectively, the "Released Parties") from and against any and all claims, liabilities, damages, or expenses (including attorneys' fees) arising out of or in connection with my participation in the event/activity, including but not limited to any claims for personal injury, illness, death, or property damage, whether caused by the negligence of the Released Parties or otherwise.
4. **Medical Treatment:** I give my consent for emergency medical treatment to be administered to me in case of injury or illness during my participation in the

event/activity. I understand that I am responsible for all costs associated with such medical treatment.

5. **Insurance:** I understand that [Organization Name] does not carry or maintain health, medical, or disability insurance coverage for any volunteer. Each volunteer is expected and encouraged to obtain their own medical or health insurance coverage.
6. **Photo Release:** I grant [Organization Name] the right to use, reproduce, and distribute photographs, video recordings, or other media taken during the event/activity that include my image or likeness for promotional purposes, without compensation or prior approval.
7. **Code of Conduct:** I agree to adhere to the rules and guidelines set forth by [Organization Name] and to conduct myself in a respectful and responsible manner. I understand that my participation in the event/activity may be terminated at the discretion of [Organization Name] if I fail to adhere to these rules and guidelines.

Acknowledgment of Understanding:

I have read this Waiver of Liability Form, fully understand its terms, and sign it freely and voluntarily without any inducement.

- Volunteer Signature: _____
 - Date: _____
 - Parent/Guardian Signature (if volunteer is under 18): _____
 - Date: _____
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Organization Contact Information:

- Organization Name: _____
- Address: _____
- City, State, Zip Code: _____
- Phone Number: _____
- Email Address: _____