

Volunteer Release and Waiver of Liability Form

In consideration for permission to volunteer at _____ (name of library), a unit of the Uncle Remus Regional Library System, I, (together with my parent/guardian if under the age of 18) hereby agree to this Release and Waiver of Liability (the "release") executed on the ____ day of _____, 20__ by _____ ("Volunteer"). I hereby release the Uncle Remus Regional Library System ("URRLS") and each of its successors, assigns, libraries, directors, officers, employees, agents and volunteers as follows:

I desire to provide volunteer services for URRLS and engage in activities related to serving as a volunteer. I understand that the scope of my relationship with URRLS is limited to a volunteer position and that no compensation is expected in return for services provided; that URRLS will not provide any benefits traditionally associated with employment; and that I am responsible for my own insurance coverage in the event of personal injury or illness.

1. Waiver and Release: I, the Volunteer, for myself and my heirs, executors, administrators and assigns, hereby release, waive, discharge and hold harmless, URRLS and its successors, assigns, libraries, directors, officers, employees, agents and volunteers from any and all liability, claim 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 URRLS. I understand and acknowledge that this Release discharges URRLS from any liability or claim that I may have against URRLS with respect to bodily injury, personal injury, illness, death, property damage, or any other claim that may result from the services I provide to URRLS or occurring while I am providing volunteer services.
2. Insurance: Further, I understand that URRLS does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, workers compensation, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of URRLS beyond what may be offered freely by URRLS in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby release and forever discharge URRLS 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 URRLS.
4. Assumption of Risk: I understand that the services I provide to URRLS may include activities that may be hazardous. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and release URRLS from all liability.
5. Photographic Release: I grant and convey to URRLS all rights, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by URRLS in connection with my providing volunteer services.
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 Georgia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. 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 (Or parent/guardian if under 18)

Date

Witness

Date