

# VOLUNTEER WAIVER AND RELEASE FORM

United Way of York County is committed to conducting its programs, services, and activities in a safe manner and holds the safety of volunteers in high regard. Volunteers must recognize that there is an inherent risk of injury when choosing to volunteer and performing volunteer services.

You are solely responsible for determining if you and/or your child are physically fit and/or adequately skilled to perform the volunteer activities. It is always advisable, especially if the participant is pregnant, disabled in any way, or has recently suffered an illness, injury, or impairment, to consult a physician before performing any volunteer activities that involve physical activities.

## WARNING OF RISK

The volunteer activities often challenge and engage the physical, mental, and emotional resources of each volunteer. Despite careful and proper preparation, there is still a risk of serious injury when acting as a volunteer. Not all hazards and dangers can be foreseen. Certain risks, dangers, and resulting injuries may exist due to slips and falls, poor skill level or conditioning, premise defects, inadequate or defective equipment, inadequate supervision, instruction, and other risks inherent to the volunteer activities. In this regard, it is impossible for the United Way of York County to guarantee absolute safety.

## WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in acting as a volunteer, you will be expressly assuming the risk and legal liability, and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of volunteering.

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I recognize and acknowledge that there are certain risks of physical injury to volunteers providing and/or engaging in volunteer activities, and I voluntarily agree to assume the risk of all injuries, death, damages, or loss, regardless of severity, that I may sustain as a result of said volunteer activities. I further agree to waive and relinquish all claims I may have as a result of the volunteer activities, against the United Way of York County, or any of its affiliated organizations, or any of the respective official, officers, employees, agents, and/or other volunteers, collectively or individually.

I have read and fully understand the above important information, warning of risk, and waiver and release of all claims.

**Participant's Name: - please print:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

*(If participant is under the age of 18, parent must sign on the line above.)*

**In case of emergency, please contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_