



NON-EMPLOYEE WAIVER OF LIABILITY

sample

This Non-Employee Release and Waiver of Liability (“Release”) is effective immediately as of the date signed by volunteer, and provided by the undersigned volunteer (referred to as “I”, “me”, or “my”) to NAME, and its credit union directors, managers, officers, employees, and agents (collectively referred to as “NAME”).

Background- I wish to volunteer with NAME and understand this may include high risk activities. My choice to volunteer is completely voluntary and I accept all risks related to my volunteer work. I understand I need to sign this Release in order to participate as a volunteer.

Now, therefore, I agree as follows:

- 1. Waiver and Release.** I, for myself and my heirs, executors, administrators, and assigns, fully and forever release, waive, discharge and hold harmless NAME, its successors, assigns, employees, officers, owners, and agents from all liability, claims, and demands, including, but not limited to bodily or personal injury, illness, death, or property damage, that may arise related to my volunteer activities.
- 2. Assumption of Risk.** I understand volunteer activities may involve hazardous conditions including, but not limited to construction work, moving vehicles, cleaning, or repairing. I assume all risks from these activities and I have no known physical or mental conditions limiting or preventing my participation in these activities.
- 3. Relationship of Parties.** My relationship with NAME is that of a volunteer and not an employee of NAME. I will not receive compensation or benefits in return for the volunteer services I provide. I am solely responsible for my own insurance coverage in the event of personal injury or illness resulting from my participation.
- 4. Consent to Use of Image.** I consent to having my image or voice recorded, and I grant NAME all right, title, and interest in any and all photographs, images, video, or audio recordings of me while providing volunteer services to NAME.
- 5. Interpretation.** This Release is intended to be as broad as permitted by Illinois law. This Release will be governed by Illinois law. In the event any section of this Release is deemed invalid, all remaining sections shall not be affected.

By signing below, I confirm I have carefully read this Release; I understand it and sign it voluntarily.

Volunteer Signature: _____ **Date:** _____

Print Name: _____

Volunteer Information:

Address State ZIP

Phone

E-mail

Emergency Contact Information:

Address State ZIP

Phone

E-mail

Witness Signature: _____

Print Name: _____

