

## VOLUNTEER WAIVER OF LIABILITY

I, \_\_\_\_\_, desire to work and donate my time as a volunteer for the Dickson County Help Center and engage in activities related to being a volunteer for the organization.

I hereby voluntarily, execute this Volunteer Waiver of Liability under the following terms:

I, the Volunteer, release and hold harmless the Dickson County Help Center, its leadership, employees, other volunteers, its successors and assigns from any and all liability, claims, and demands of whatever kind or nature either in law or in equity which arise or may hereafter arise from my volunteer work with the Dickson County Help Center.

I understand that this Volunteer Waiver of Liability discharges the Dickson County Help Center from any liability or claim that I, the Volunteer, may have against the Dickson County Help Center with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation in volunteer work for the Dickson County Help Center or on its property. I also fully understand that the Dickson County Help Center does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage.

I understand and I expressly waive any such claim for compensation or liability on the part of the Dickson County Help Center beyond what may be offered freely by the representatives of the Dickson County Help Center in the event of such injury or medical expense.

I hereby release the Dickson County Help Center from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with the Dickson County Help Center.

I understand that my time the Dickson County Help Center may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release the Dickson County Help Center from all liability for injury, illness, death or property damage resulting from the activities of my time the Dickson County Help Center.

I further understand and acknowledge that I am not an employee of the Dickson County Help Center. I am an uncompensated volunteer worker, and may choose at any time not to participate in any activity. I recognize and agree that my activities are not covered by the Tennessee Workers Compensation Act.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provision of this Release which shall continue to be enforceable.

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DATE

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VOLUNTEER SIGNATURE