

**VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY**

1. I, \_\_\_\_\_ agree to work for the Fairfax Volunteers as a volunteer on \_\_\_\_\_ from \_\_\_\_\_. on the following project: \_\_\_\_\_.
2. As a volunteer, I understand that I control the dates and times when I do the work and that Fairfax Volunteers is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participation as a volunteer may require physical exertion and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for Fairfax Volunteers, I hereby agree that I, and my Assignees, heirs, guardians and legal representatives, will not make a claim against or sue Fairfax Volunteers or its employees, agents or contractors for injury or damage resulting from the negligence, whether active Fairfax Volunteers as a result of volunteering . I HEREBY RELEASE AND DISCHARGE FAIRFAX VOLUNTEERS AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY TOWN OF FAIRFAX WORKERS COMPENSATION PROGRAM. I authorize Fairfax Volunteers to seek emergency medical treatment on my behalf in case of injury accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness and injury.
6. I understand that the materials and tools provided by the Fairfax Volunteers are and remain the property of Fairfax Volunteers and I agree to return these tools and any remaining materials to Fairfax Volunteers at the end of my volunteer service.
7. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Board Representative Signature

\_\_\_\_\_  
Printed Name

This release, its significance and assumption of risk have been explained to and are understood by the minor.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature