RICHFIELD HERITAGE PRESERVE
VOLUNTEER WAIVER AND RELEASE

Richfield Joint Recreation District, P.O. Box 246, Richfield, OH 4428-246

I,_____in exchange for the opportunity to volunteer my time to the Richfield Joint Recreation District for Project or Event _____ , make the following promises, representations and agreements:

I understand that my work as a volunteer for the Richfield Joint Recreation District (RJRD) may expose me to various risks of injury or illness. I understand as a volunteer I agree to work within my skills and abilities. I understand and assume these risks, and agree not to hold the Richfield Joint Recreation District, its agents, elected officials, and employees, or any other related entities (such as the Village of Richfield and Richfield Township) or individuals liable for any injury or illness arising from my participation as a volunteer.

I, for myself, my heirs, executors, and subrogees, hereby knowingly and intentionally waive and release, discharge, indemnify and hold harmless the Richfield Joint Recreation District, its agents, elected officials and employees, from and against any and all claims, actions, causes of action, liabilities, suites. Expenses (including attorney fees) of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, or death to me or my property as a result of my participation as a volunteer for the RJRD, whether or such damage, loss, injury, or death results from the negligence, recklessness, or other culpability of the RJRD or its agents, elected officials, or employees. Further, I agree that neither I, nor anyone acting on my behalf will make a claim against, sue, or otherwise maintain an action of any kind against the Richfield Joint Recreation District or its agents, officials, or employees as a result of loss, or death to me during my participation as a volunteer.

I agree that neither the Richfield Joint Recreation District nor any of its agents, officials, or employees have assumed a special relationship or duty to me in connection with the services I will provide as a volunteer.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Ohio, and agree that if any portion is held invalid, the remainder of the waiver and release will continue in the full force and effect. In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age and fully competent (applies to parent/guardian if Releasor is under 18). ***RJRD VOLUNTEERS 04/21/18***

_____	_____	___/___/___
***Volunteer**	*** Printed Name**	***Date**
_____	_____	___/___/___
***Volunteer Parent (if Under 18)**	*** Printed Name**	*** Date**

_____ _____

***Email Address...Please Print Clearly** ***Phone Number**

_____

Address **City, State, Zip** **Country if applicable**

_____ _____

****Emergency Phone Number*** **** Name/Relationship***

Thank you for Volunteering!

"Volunteers make all things possible"