



**NEST COMMUNITY LEARNING CENTER STAFF
AND VOLUNTEER WAIVER AND RELEASE
FORM AFTER SCHOOL AND EARLY
LEARNERS PROGRAMS 2020-2021**

Staff/Volunteer Name: _____

Check Here if Staff/Volunteer is Under 18: _____

Phone Number: _____

Contact Email (required): _____

Address: _____

Phone Number: _____

Parent or Legal Guardian Name: _____
(required if Staff/Volunteer is under age 21)

Parent or Legal Guardian Signature: X _____

Parent or Legal Guardian Email: _____

Emergency Contact Name: _____

Relationship to Participant: _____

Emergency Contact Phone Number: _____

**NOTE: IN COMPLIANCE WITH COVID-19 GUIDELINES, STAFF/VOLUNTEERS MUST
COMPLETE THE WAIVER AND RELEASE FORM**

**PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED IF STAFF/VOLUNTEER
IS UNDER AGE 21**

**WAIVER AND RELEASE FORM
RELEASE OF LIABILITY**

In return for being allowed to participate as a staff member or volunteer in NEST CLC and all its related activities, including any activities incidental to such participation ("Staff and Volunteer

Activities”), the undersigned Staff or Volunteer or Parent/Legal Guardian of Staff or Volunteer if Volunteer is under age 21 (hereafter referred to using “I”, “me”, or “my”) releases and agrees not to sue NEST CLC or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates (“the Foundation”) from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participate in the Staff or Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the Foundation is not responsible for any injury or property damage arising out of the Staff or Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Staff or Volunteer Activities involves certain risks, including, but no limited to, serious injury and death. I am voluntarily participating in the Staff or Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless the Foundation for all claims arising out of my participation in the Staff or Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Staff or Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that the Foundation has not arranged and does not carry any insurance of any kind for my benefit or that of Staff or Volunteer (if Staff or Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors, and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Staff or Volunteer Activities. I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Foundation.

(Signature of Staff or Volunteer) Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form. I am giving up legal s rights and remedies.

(Signature of Parent/Legal Guardian if Staff/Volunteer is Unders 21) Date

I am the parent or legal guardian of the Staff or Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

9/3/20