This Volunteer Release and Waiver of Liability (the “Release”) executed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Volunteer”) releases Akron Snow Angels and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Akron Snow Angels and engage in activities related to serving as a volunteer. Volunteer understands that the scope of Volunteer’s relationship with Akron Snow Angels is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Akron Snow Angels will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of property damage or personal injury or illness as a result of Volunteer’s services to Akron Snow Angels.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Akron Snow Angels and 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 the services I provide to Akron Snow Angels. I understand and acknowledge that this Release discharges Akron Snow Angels from any liability or claim that I may have against Akron Snow Angels with respect to bodily injury, illness, death, or property damage that may result from the services I provide to Akron Snow Angels or occurring while I am providing volunteer services.

2. Insurance: I understand that Akron Snow Angels does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Akron Snow Angels.

3. Medical Treatment: I hereby release and forever discharge Akron Snow Angels from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Akron Snow Angels.

4. Assumption of Risk: I understand that the services I provide to Akron Snow Angels might include activities which could be hazardous to me including, but not limited to, injuries from slips and falls, back injury due to lifting or standing, illness from exposure to diseases, including COVID-19, personal injury from car accidents, property damage or injury in accidents, muggings and/or dog bites. I am voluntarily participating in these activities with the knowledge of the dangers involved and therefore agree to accept any and all risks of injury or illness and will rely only upon my own insurance coverage. As a volunteer, I hereby expressly assume risk of injury, illness, or harm from these activities and release Akron Snow Angels from all liability whatsoever.

5. Photographic Release: I grant and convey to Akron Snow Angels all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Akron Snow Angels in connection with my providing volunteer services to Akron Snow Angels.

6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

I, the undersigned, am at least 18 years of age, or I am the parent or guardian of a participant who is under 18 years of age. I have read this Volunteer Release and Waiver of Liability and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of participant Signature of participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent or guardian (if under 18) Signature of parent or guardian Date

1. License: I have a current driver’s license. If for any reason I do not have a current driver’s license, I will not volunteer as a Driver.

2. Insurance: I have the minimum auto insurance required by the State of Ohio. If for any reason I do not have auto insurance, I will not volunteer as a Driver.

3. Costs: I acknowledge that Akron Snow Angels will not be responsible for any of the costs incurred by me when using my personal auto including, but not limited to, fuel, maintenance, parking/speeding violations or any cost related to damage to my personal auto.

4. Duties: I am aware that my duties as a driver may include, but are not limited to, delivering clothing and/or meals in my personal auto, or assisting clothing and/or meal delivery in the auto of another volunteer.

5. Safety Concerns: I am aware that delivering clothing and/or meal is a potentially hazardous activity. Those hazards include, but are not limited to, injuries from slips and falls, back injury due to lifting or standing, personal injury from car accidents, property damage or injury in accidents, falls, muggings and/or dog bites. I am voluntarily participating in these activities with the knowledge of the potential danger involved and therefore agree to accept any and all risks of injury and will rely only upon my own insurance coverage.

I, the undersigned, am at least 18 years of age, or I am the parent or guardian of a participant who is under 18 years of age. I have read this Volunteer Driver Release and Waiver of Liability and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of participant Signature of participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent or guardian (if under 18) Signature of parent or guardian Date