

Important: Each volunteer must sign the "Release and Waiver of Liability" before working on a CommunityCare of Lyme (CCL) Day of Service Site. Please complete this form and bring it with you before you begin work. Read this waiver very carefully before you sign.

Waiver of Liability

This Waiver of Liability (the "Waiver") executed on this ____ day of _____, 20__, by _____ (the "Volunteer") in favor of CommunityCare of Lyme, a nonprofit corporation organized and existing under the laws of the State of New Hampshire, USA, and their directors, officers, employees, and agents (collectively, "CCL").

I, the Volunteer, desire to work as a volunteer for CommunityCare of Lyme and engage in the activities related to being a volunteer for a work project.

I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

1. Waiver and Release. I, the Volunteer, release and forever discharge and hold harmless CCL 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 my volunteer work with CCL. I understand and acknowledge that this Waiver discharges CCL from any liability or claim that I, the Volunteer, may have against CCL with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the CCL work site. I also understand that CCL 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.

2. Insurance. I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of CCL beyond what may be offered freely by the representative of CCL in the event of such injury or medical expense.

3. Medical Treatment. I hereby release and forever discharge CCL 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 time with CCL.

4. Assumption of the Risk. I understand that my time with CCL may include activities that may be hazardous to me, including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from the work sites. I hereby expressly and specifically assume the risk of injury or harm in these activities and release CCL from all liability for injury, illness, death, or property damage resulting from the activities of my time with CCL.

5. Photographic Release. I grant and convey unto CCL all right, title, and interest in any and all photographic images and video or audio recordings made by CCL during my work for CCL, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of New Hampshire in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of

the State of New Hampshire. 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

Please return to: CommunityCare of Lyme info@ccllyme.org / PO Box 127, Lyme, NH 03768

Revised 5/3/22

clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Volunteer's Signature Date

Print Volunteer's Name

Organization (if applicable)

Street Address City State Zip code