



**Community Ties, Inc.**  
**CLIENT Release and Waiver of Liability**

This Release and Waiver of Liability (the “release”) executed on (date) \_\_\_\_\_ by (name of client) \_\_\_\_\_ (“Client”) releases **Community Ties , Inc. (CTI)** a non-profit organization structured and existing under the law of the State of Maryland and each of its directors, officers, employees, and agents. The Client desires to be connected to resource services from CTI.

Client understands the scope of the Client’s relationships with CTI is limited to services in the form of community resource connections (i.e. CTI Volunteers, Business Partners, Community Clubs, Faith-Based Organizations, etc.) and that no compensation is expected to CTI in return for these services. The Client is responsible for his/her own insurance coverage in the event of personal injury or illness because of Client’s services received by CTI, its volunteers, and business partners.

1. **Waiver and Release:** I, the Client, release and forever discharge and hold harmless CTI, its volunteers, and business partners and its successors and assigns from any and all liability, claims, or demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from services I received from CTI, its volunteers, and business partners. I understand and acknowledge that this Release discharges CTI, its volunteers, and business partners from any liability or claim that I may have against CTI with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I received from CTI, its volunteers, and business partners.
2. **Insurance:** Further, I assume that CTI does not assume any responsibility or obligation to provide me with financial or other assistance, including but not limited to medical, health, disability, legal benefits or insurance of any nature in the event of my injury, illness, death, or damage to my property from services provided. I expressly waive any such claim for compensation or liability on the part of CTI, its volunteers, and business partners beyond what may be offered freely by CTI in the event of such injury or medical expenses incurred by me.
3. **Medical Treatment:** I hereby Release and forever discharge CTI 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 client with CTI.

4. **Assumption of Risk:** I understand that the services provided by CTI, its volunteers, and business partners may include activities that maybe hazardous to me including but not limited to (Fill in specific hazards):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

involving inherently dangerous activities. As a client, I hereby expressly assume the risk of injury or harm from these activities and Release CTI, its volunteers, and business partners from all liability for injury, illness death, property damage, or professional errors/omissions resulting from the services I received as a client.

5. **Photographic Release:** I grant and convey to CTI all right, title, and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by CTI in connection with my receiving services from CTI.
6. **Other:** As a client, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Maryland and that this Release shall be governed by and interpreted in accordance with the laws of the State of Maryland. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provision of the Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and waiver of Liability willingly and voluntarily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

