



Community Ties, Inc.
VOLUNTEER Release and Waiver of Liability

This Release and Waiver of Liability (the “release”) executed on (date) _____ by (name of volunteer) _____ (“Volunteer”) 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 volunteer desires to provide volunteer services for CTI.

Volunteer understands the scope of the Volunteer’s relationships with CTI is limited to a volunteer position and that no compensation from CTI is expected in return for services provided by Volunteer; CTI 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 personal injury, illness or malpractice because of Volunteer’s services to CTI.

1. **Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless CTI 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 provided to CTI. I understand and acknowledge that this Release discharges CTI from liability or claim that I may have against CTI with respect to bodily injury, personal injury, illness, death, property damage, or claims of malpractice that may result from the services I provide to CTI or occurring while I am providing volunteer services.
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 or claims of any malpractice or errors in professional services. I expressly waive any such claim for compensation or liability on the part of CTI beyond what may be offered freely by CTI in the event of such injury, medical, or legal 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 other medical services rendered in connection with an emergency during my tenure as a volunteer for CTI.

4. **Assumption of Risk:** I understand that the services I provide to CTI 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 volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release CTI from all liability for injury, illness death, property damage, or professional errors/omissions resulting from the services I provide as a volunteer or occurring while I am providing volunteer services.

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 providing volunteer services to CTI.
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 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

(If volunteer is under the age of 18, a parent or guardian must sign and form should be modified accordingly)

