



Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the “release”) executed on _____ (date) by _____ (“Volunteer”) releases, The Children’s Museum of Evansville (cMoe), a nonprofit corporation organized and existing under the laws of the State of Indiana and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for cMoe and engage in activities related to serving as a volunteer. Volunteer understands that the scope of Volunteer’s relationship with cMoe is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that cMoe 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 or illness as a result of Volunteer’s services to cMoe.

1. Waiver and Release: I, _____, release and forever discharge and hold harmless cMoe and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to cMoe. I understand and acknowledge that this Release discharges cMoe from any liability or claim that I may have against cMoe with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to cMoe or occurring while I am providing volunteer services.

2. Insurance: Further I understand that cMoe 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 cMoe beyond what may be offered freely by cMoe in the event of injury or medical expenses incurred by me.

3. Medical Treatment: I hereby Release and forever discharge cMoe 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 cMoe.

4. Assumption of Risk: As a volunteer, I hereby expressly assume risk of injury or harm from these activities and release cMoe from all liability.

5. 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 Indiana and that this Release shall be governed by and interpreted in accordance with the laws of the State of Indiana. 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.

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

Signature of volunteer

Date

Signature of Parent/Guardian if under 18

Date