

roject: Site Name Date												_	
This is a waiver and release. Please read tisk Agreement ("Agreement") on behalf or											ility aı	nd Assum	ption (
I make this Agreement in consideration of the	he Released Parties pro	viding me with	the oppo	rtunity	to par	ticipat	as a	voluntee	r in this	s proje	ct.		
I understand that the Project may include dangerous to me.	dangerous or hazardo	us activities a	nd that th	e Proje	ect ma	y take	place	on a loca	tion or	under	condit	ions that I	may be
I accept full personal responsibility for a	ll risks arising from or re	lating to this P	roject.										
My participation in this Project is complete	ly voluntary and I have	neither receiv	ed nor exp	pect to	receiv	e any o	omper	nsation fo	r my pa	articipa	ation in	it.	
I agree to read, listen to and follow all safe my physical and mental abilities at all time me.													
I agree that the activities necessary to comparticipating in the Project without injuring r		een fully and	adequat	ely exp	olaine	d to m	and t	hat I am _I	physic	ally aı	nd mei	ntally cap	able of
I agree to waive all liability of the Release my account that may be caused in whole or				to sue	them	for ar	y liabil	ity, claim:	s, sum:	s, cost	s, or of	ther exper	ises on
I agree that this Agreement shall act as a negligence claims, arising from or related to		st all actions	or claim	s that	I migh	nt othe	rwise b	oring aga	inst the	e Rele	ased I	Parties, in	cluding
I understand that a photographer may be agree that I will contact the photographer if			at the Pro	ject an	d that	I may	oe pho	tographe	d while	partic	ipating	in the Pr	oject. I
I hereby grant SOLVE the irrevocable at Photographer and his/her legal representat										inclu	ded.	I hereby	release
I make this Agreement for the benefit of Sources on whose property the project desemployees, agents, personal representative	scribed above may be I	ocated (collect	tively the										
I have read this Agreement, fully understan inducement or assurance of any nature. I i and I further agree that if any portion of this	ntend this Agreement to	be a complet	e and un	condit	ional i	elease	of all	liability	to the c	reates	st exter		
Thank you for volunteering	. Please pr	int clearl	/.	(SO	LVE	nev	er se	ells or	trad	es y	our	inform	atior
Name													
Email													
Address													
City													
State Zip	FL	ıture Contac	t nE	mail m	e moi	าthly เ	pdate	<u>.</u> s. □ D	o not i	nail a	t the a	ddress a	bove.
Organization						,							
Organization													
☐ I am over the age of 18.													
and over the age of 16.	(Signature	<u>,)</u>									(Date)	

Stay Connected!

(Name of group or individual names)



If you are signing this for youth volunteers, please also complete below:

I am □ 18-35 Years Old □ 36-64 Years Old □ 65+ Years Old

☐ I am authorized, responsible and signing this waiver for the following

volunteers under the age of 18.

of youth signed for