

Associate Volunteer Participation Liability Waiver

Associate/Volunteer,

I, the undersigned, hereby acknowledge that I am voluntarily participating in the voluntary offsite non-work activity. The undersigned volunteer understands that volunteering at a Goodwill offsite event may involve potentially strenuous activities. Anyone volunteering at Goodwill should be aware of his or her medical history and should consult with a physician prior to engaging in the volunteer activities. The volunteer warrants that he or she has received medical clearance to engage in the volunteer activity. Goodwill will not be liable for any injuries or damage as a result of such volunteer activities.

Volunteer acknowledges that s/he is providing volunteer services solely for his/her own personal reasons without expectation of compensation, benefits, or privileges, and s/he understands that performing volunteer services does not create a promise of entitlement to special consideration or rights.

I hereby agree to forever release and hold harmless Goodwill of the Coastal Empire Inc., dba, Goodwill Southeast Georgia its past, present, & future successors, officers, employees, volunteers, committees and boards, from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for injury and/or property damage, to the extent permissible by law.

This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorney's fees and court costs), expenses and liabilities incurred in or in connection with any such claim or proceeding brought thereon and in defense thereof.

I have read and understand this release liability waiver, indemnification and hold harmless form. I voluntarily sign it and hereby agree to the assumption of risk that this activity may involve, including but not limited to physical injury, proper damage, etc. I acknowledge that I am signing this document freely and voluntarily, and that my participation in the activity is entirely of my own choice.

Associate/Volunteer Name (Print)	Date
Associate/Volunteer Signature	