



Downtown Vision, Inc. - Jax River Jams 2021

Liability Waiver - Volunteer

I, _____, wishing to volunteer my time and services for *Downtown Vision, Inc. Jax River Jams* hereby acknowledge that said organization is doing everything they can to protect the public as well myself as a volunteer. To this extent, I agree to follow Center of Disease Control (CDC) and local health district guidelines and *Downtown Vision, Inc.* policies and procedures for social distancing to reduce the spread of Novel Coronavirus, or COVID-19. This will require me to maintain six (6) feet of distance between myself, fellow volunteers, and patrons of the organization as much as possible. This procedure will be required for visitor-to-visitor contact as well to limit exposure.

I agree to utilize surgical masks or improvised masks such as scarves, bandanas, and handkerchiefs to reduce the risk of exposure to myself and others. I agree to wash or sanitize my hands after using the restroom, sneezing, and coughing, and before eating or preparing meals or sundries for distribution, and will properly wear and utilize sterile gloves.

I understand that there is no direct medical health coverage afforded to me during my relationship with *Downtown Vision, Inc.* *Downtown Vision, Inc.* is not responsible for any potential exposure to Novel Coronavirus, or COVID-19, which is not a direct result of negligence on the part of their employees, volunteers, or the organization. Unless specifically stated in writing, I understand that there is no Washington State Labor and Industries employment security insurance provided to me.

This Release and Waiver of Liability executed on _____ (date) by _____ (Volunteer Name) releases *Downtown Vision, Inc.* a nonprofit corporation organized and existing under the laws of the State of Florida and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer. Volunteer understands that the scope of Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit 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 Nonprofit.



1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit 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 Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.

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

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

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

5. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.

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



By signing below, I agree to comply with the written instructions above. Failure to comply with these written instructions or verbal instructions from staff may result in my volunteer privileges being removed and I may be asked to leave the premises.

Printed Name

Signature / Guardian Signature

Date

Authorized Signature

Date