Volunteer Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") executed on this ___day of ______________, 20___, by __________________________, (the "Volunteer") in favor of New Moon Farm, a Snohomish County nonprofit organization, their directors, officers, employees, and agents (collectively, "NMF"). The Volunteer desires to work as a volunteer for NMF and engage in the activities related to being a volunteer (the "Activities"). The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver:
Volunteer does hereby release and forever discharge and hold harmless NMF and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s Activities with NMF. Volunteer understands that this Release discharges NMF from any liability or claim that the volunteer may have against NMF with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s Activities with NMF, whether caused by the negligence of NMF or its officers, directors, employees, or agents otherwise. Volunteer understands that NMF does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment:
Volunteer does hereby release and forever discharge NMF from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with NMF. ______ (initial)

Assumption of the Risk:
The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, physical labor and interaction with large domestic animals. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases NMF from all liability for injury, illness, death, or property damage resulting from the Activities. ______ (initial)

Photographic Release:
The Volunteer grants NMF and its representatives the right to use photographs of the volunteer in connection with NMF, and authorizes NMF, its assigns and transferees to copyright, use and publish the same in print and/or electronically. ______ (initial)

Other:
Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Washington, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. ______ (initial)

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer Signature: ________________________________ Date: ________________

PLEASE FILL OUT PART 2 ON THE REVERSE SIDE
New Moon Farm Volunteer Release and Waiver of Liability (Part 2)

Volunteer Name:__________________________________________________________
Address: __________________________________________________________________
City, State, Zip: ____________________________________________________________
Phone (cell): _____________________________
Phone (home): _____________________________
Email: ________________________________________________________________
Birth date (mo/day): _____________________________

Emergency Contact Information
In Case of Emergency Contact: ______________________________________________
Relationship: __________________________________________________________________
Phone (cell): _____________________________
Phone (home): _____________________________

Medication Being Taken: ________________________________________________
Date of Last Tetanus Booster: ____________ If you cannot recall, we recommend a booster as
soon as possible.  (If you choose to forgo this vaccination, please initial here ______.)
Physician: ________________________________________________________________
Phone: _____________________________

Thank you for your support of New Moon Farm!  We truly appreciate your hard work and dedication.