

RELEASE AGREEMENT FOR VOLUNTEERS

VOLUNTEER:

ORGANIZATION:

Horseshoe Bend Homeowners Association, Inc.

I, the above named volunteer, am 18 years of age or older and am voluntarily performing service for the ORGANIZATION of my own free will and without any promise of remuneration, compensation, or benefits, including insurance. I acknowledge that within the course and scope of my activities as a volunteer, I may be exposed to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of being permitted to participate in the volunteer activities of the ORGANIZATION, I hereby accept all risk to my health and of my injury or death that may occur while I am acting within the course and scope of my activities as a volunteer.

I hereby release the above named ORGANIZATION, its officers, and directors, in their individual and official capacities, from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my activities as a volunteer, WHETHER CAUSED BY NEGLIGENCE OF THE ORGANIZATION, ITS OFFICERS, OR DIRECTORS.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE SERVING IN MY CAPACITY AS A VOLUNTEER.

Signature of Volunteer

Date: _____

Witness

Date: _____