

VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

1. I, _____, agree to work for Pink Huddle Incorporation as a volunteer on/from the signed date of this document.
2. As a volunteer, I understand that I control the dates and times when I do the work and that Pink Huddle Incorporation is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participation as a volunteer may require periods of [describe physical requirements, standing, lifting and carrying and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for Pink Huddle Incorporation, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue Pink Huddle Incorporation or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of PINK HUDDLE INCORPORATION as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE PINK HUDDLE INCORPORATION AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY PINK HUDDLE INCORPORATION'S WORKERS' COMPENSATION PROGRAM. I authorize Pink Huddle Incorporation to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
6. I understand that the materials and tools provided by Pink Huddle Incorporation are and remain the property of Pink Huddle Incorporation, and I agree to return these tools and any remaining materials to Pink Huddle Incorporation at the end of my volunteer service.
7. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Date

Volunteer Signature

Printed Name

Date

Pink Huddle Incorporation Representative Signature

Printed Name

If volunteer is under 18 years of age, parent or guardian must read and sign the following:

This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Date

Parent or Guardian Signature

Printed Name