

THE CARYING PLACE, INC.

INDIVIDUAL VOLUNTEER SERVICES OPPORTUNITY

PARTICIPATION WAIVER OF LIABILITY

Volunteers Name: _____

All Volunteers must sign this waiver.

- **I understand that I am spending time as a volunteer or project organized by The Caring Place and that**
- **I may be involved in activities that have a potential risk in injury.**
- **I agree that I will only perform volunteer activities that I am comfortable doing.**
- **I agree that I will not hold The Caring Place responsible for any damage or injury arising from my participation in volunteer activities unless the damage or injury is due to gross negligence on The Caring Place behalf.**
- **I agree to be responsible for my behavior and for any damage or liability arising out of my activities as a volunteer.**

I am releasing The Caring Place from liability due to injury.

Print Name: _____

Volunteer Signature: _____ **Date:** _____

If the child is under 18 years of age a parent must give consent for the child to volunteer with us.

Parent Signature: _____ **Date:** _____