

FRANKLIN COUNTY HOUSING AUTHORITY VOLUNTEER
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I, _____, fully understand that I am signing this release as a condition to and in consideration of my serving as a volunteer for Franklin County Housing Authority ("FCHA") or on FCHA property. Participation as a volunteer may involve RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("risks"). I am voluntarily participating in volunteer activities with knowledge of the risks and other dangers involved and I hereby agree to accept full responsibility for these risks.

I further acknowledge that, as a volunteer, I am not an employee, agent, or independent contractor of the FCHA or other FCHA-related entity and that I am not covered by their workers' compensation insurance coverage.

As consideration for the permission granted me to participate in volunteer activities, I fully and forever release and forever discharge FCHA, any other FCHA-related entity and their respective Commissioners, directors, officers, officials, and employees, all participating sponsors, their parent and subsidiary corporations, any business entities in which they may have any ownership or management interest, and all persons acting by, through, under or in concert with them or any of them (hereinafter individually and collectively referred to as "Released Parties"), from any and all liability or claims of any nature whatsoever, known or unknown, suspected, fixed or contingent, including, without limitation, liability from the negligence of the Released Parties, that I may have in the future, in connection with, or resulting from, my participation in any volunteer activity for any of the Released Parties or on any property owned, leased, controlled or operated by any of the Released Parties.

In further consideration of the permission granted to me to participate in volunteer activities, I also agree to indemnify and hold harmless the Released Entities for any damages (including attorney's fees and costs) arising from the injuries and damages described above.

Knowing the risks and understanding that injuries and even death are possible, I hereby expressly assume all of the risks of injury or death that could occur as a result of my participation in volunteer activities or related activities.

I hereby represent that I am at least 18 years of age, physically fit and of sound mind and body, and capable of giving this release for myself.

NAME OF VOLUNTEER (PRINT): _____

SIGNATURE OF VOLUNTEER: _____

PHONE: _____

DATE: _____