

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on _____ (date) by _____ ("Volunteer") releases The Mount Hope Trust, ("Mount Hope Farm"), a nonprofit corporation organized and existing under the laws of the State of Rhode Island and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Mount Hope Farm and engage in activities related to serving as a volunteer. Volunteer understands that the scope of Volunteer's relationship with Mount Hope Farm is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Mount Hope Farm will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Mount Hope Farm.

I, the Volunteer, release and forever discharge and hold harmless Mount Hope Farm and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Mount Hope Farm. I understand and acknowledge that this Release discharges Mount Hope Farm from any liability or claim that I may have against Mount Hope Farm with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Mount Hope Farm or occurring while I am providing volunteer services.

Insurance: Further I understand that Mount Hope Farm does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Mount Hope Farm beyond what may be offered freely by Mount Hope Farm in the event of injury or medical expenses incurred by me.

Medical Treatment: I hereby Release and forever discharge Mount Hope Farm from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Mount Hope Farm.

Assumption of Risk: I understand that the services I provide to Mount Hope Farm may include activities that may be hazardous to me. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and release Mount Hope Farm from all liability.

Photographic Release: I grant and convey to Mount Hope Farm all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Mount Hope Farm in connection with my providing volunteer services to Mount Hope Farm.

Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Rhode Island and that this Release shall be governed by and interpreted in accordance with the laws of the State of Rhode Island. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature of Volunteer (Or parent/guardian if under 18)

Date