



VOLUNTEER WAIVER AND RELEASE OF LIABILITY

I, _____, desire to work as a volunteer for the Marshall County Recycle Depot, Marshall County, Indiana, without compensation, and to engage in the activities related to being a volunteer.

In consideration of being allowed to participate in such volunteer activities, I hereby release, indemnify and hold harmless Marshall County Recycle Depot, Marshall County, Indiana, and any of its departments, agencies, offices, officers, directors, employees, and all persons conducting directly or indirectly the activities surrounding my involvement as a volunteer (the "Released Parties") from any and all claims, right, demands, actions, causes of action, expenses and damages, which I or my heirs, personal representative, successors, assigns or anyone claiming by, through or under me ever had, now have or may have against the parties identified above arising from any injury, act or omission relating in the way to my participation as a volunteer.

I understand that by signing this waiver and release, I knowingly assume the risk of injury, harm, damage, and loss associated with my volunteer activities. I understand that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including, without limitation, medical, health, or disability insurance in the event of injury, illness, death, or property damage. I acknowledge that I am solely responsible for payment of any hospital, physician, ambulance, dental, medical, or other services obtained for me and that the Released Parties are not responsible or liable for the same. I understand that I am to receive no payment for services from the Released Parties. I am a Volunteer and not an employee and will not be entitled to and will not receive Worker's Compensation benefits or other similar payments under the laws of the State of Indiana in the event that I am injured.

I hereby grant and convey to Marshall County Recycle Depot all right, title and interest in any photographs and video/audio/electronic recordings of me, including as to my name, image and voice, made by or on behalf of any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such materials for any purpose and to any proceeds or benefits derived from them. I understand that I will not have any ownership interest in or to such photographs, images and/or recordings, I have not been provided or promised any compensation to me, and I hereby waive any rights, privileges or claims based on any right of publicity, privacy, ownership or any other rights arising, relating to or resulting from the photographs, images and/or recordings. I understand and agree that this paragraph also applies to my minor child(ren) who are volunteering.

I enter into this Waiver and Release of Liability freely and voluntarily. If I am signing this form on behalf of a minor, I represent that I have authority to do so.

Date: _____

Signature of Volunteer or Parent/Legal Guardian

Printed Name