

Date: _____

Blanket One-Time Adult Minor



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in **Volunteer Service at Knead Community Café, Inc.** I hereby release, waive, discharge and covenant not to sue Knead Community Café Inc.(KCC) their officers, agents, servants, or employees (hereinafter referred to as releasees) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in such activity, or while in, on, or upon the premises where the activity is being conducted.

2. I am fully aware of the risks involved and hazards connected with volunteer service at KCC, including but not limited to possible dangers associated with this service and I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of releasees or otherwise.

3. I further hereby agree to indemnify and hold harmless the releasees from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in volunteer service, whether caused by negligence of releasees or otherwise.

4. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above-named releasees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Pennsylvania.

5. In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by same.

Participant Signature _____ Date ____/____/____

Name (Print) _____

Phone _____ Email _____

MINOR VOLUNTEER RELEASE WAIVER

I hereby certify that I am the adult parent or guardian of , a minor child who is _____ years old*, and I consent to his/her participation in a volunteer capacity with Knead Community Café. In the event of an emergency, I authorize the person in charge to seek qualified medical aid for any injury sustained by my child. I understand that all costs incurred for medical expenses are my responsibility. Also, I understand that my child is expected to act in an appropriate manner, and, if my child does not behave appropriately, I may be required to pick him/her up at the site. Once this release form is signed, I understand that the Knead Community Cafe Board of Directors, Staff, and Affiliates are not liable or responsible for any personal injury, loss of property, negligent, willful or intentional act. Additionally, I acknowledge that my son/daughter's participation in volunteering with Knead Community Cafe is entirely voluntary and understand that they are subject to the rules, procedures, and regulations of this organization. Furthermore, I acknowledge that I have read and understand the above statements and that I am of legal age to bind myself to this release and waiver.

*Any child under the age of sixteen must be supervised by an accompanying parent/guardian at all times.

Please Print Clearly

Parent | Guardian Name: _____
First Last

Address: _____
Street

City State Zip code

Phone: (____) ____-____ Emergency Phone # (____) ____-____

Parent | Guardian Signature: _____ Date: _____