

Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") is executed by _____ (the Volunteer) and if a minor child _____ (the Guardian - the parent and/or legal guardian of the minor volunteer), in favor of the Wilkins School Community Center, a non-profit Pennsylvania corporation, its officers, agents, and successors-in-interest (hereinafter collectively referred to as "WSCC") and the Western Pennsylvania Linux Users Group, an unincorporated association, its officers, agents, and successors-in-interest (hereinafter collectively referred to as "WPLUG").

The Volunteer and/or Guardian desire that the Volunteer work as a volunteer for WSCC and WPLUG and engage in the activities related to being a volunteer (the "Activities") on _____ (date). The Volunteer and/or the Guardian understand that the Activities may include installing communications and/or electrical wiring, equipment, and related hardware.

The Volunteer and/or Guardian do hereby freely, voluntarily, and without duress execute this Release under the following terms:

Release and Waiver. Volunteer and Guardian do hereby release and forever discharge and hold harmless WSCC and WPLUG from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's participation in the Activities.

Volunteer and Guardian understand that this Release discharges WSCC and WPLUG from any liability or claim that the Volunteer and Guardian may have against WSCC or WPLUG with respect from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's participation in the Activities.

Volunteer and Guardian understand that this Release discharges WSCC and WPLUG from any liability or claim that the Volunteer and Guardian may have against WSCC or WPLUG with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with WSCC and WPLUG, whether caused by the negligence of WSCC and/or WPLUG or its officers, directors, employees, or agents or otherwise. Volunteer and Guardian also understand that WSCC and WPLUG do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

No one under the age of 18 shall be permitted to operate power tools, work on ladders or rooftops, or work on high-voltage (greater than 50 volts) wiring, whether energized or not.

Medical Treatment. Volunteer and Guardian do hereby release and forever discharge WSCC and WPLUG from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's participation in the Activities or with the decision by any representative or agent of WSCC and/or WPLUG to exercise the power to consent to medical or dental treatment.

Assumption of the Risk. The Volunteer and Guardian understand that the Activities may include work that may be hazardous to the Volunteer, including, but not limited to, construction, electrocution, falls, harm from power and hand tools, and transportation to and from the work site.

Volunteer and Guardian hereby expressly and specifically assume the risk of injury or harm in the Activities and release WSCC and WPLUG from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance. The Volunteer and Guardian understand that WSCC and WPLUG do not carry or maintain health, medical, or disability insurance coverage for any volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Other: Volunteer and Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania, and this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Pennsylvania. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Release and Waiver of Liability (cont.)

IN WITNESS WHEREOF, Volunteer and Guardian have fully read, understood and executed this Release as of the date above written.

Volunteer (please print)

Volunteer's signature

Date:

Guardian (please print)

Guardian's signature

Date:

Volunteer (please print)

Volunteer's signature

Date:

Release and Waiver of Liability (cont.)

Emergency Medical Information

Keep this form at the work site or on your person.

NOTE: All items require an entry. If you do not know or have an answer, please answer NONE.

Name of Volunteer: _____

Please provide information for someone who can make medical decisions for you if you are unable to do so.
In case of Emergency, please contact:

Name: _____

Relation: _____

Address: _____

Home Phone: _____

Cell Phone: _____

The following information may be needed by any hospital or medical practitioner not having access to Volunteer's medical history:

Date of Birth: _____

Existing medical conditions (hemophilia, diabetes, epilepsy, etc.):

Allergies (medicine, food, insects, etc.):

Medications being taken: _____

Physical Impairments: _____

Other: _____

Personal Physician:

Name: _____

Address: _____

Telephone: _____

Health Insurance Coverage:

Company: _____

Policy Number: _____

Insurance Agent: _____