



VOLUNTEER RELEASE AND WAIVER OF LIABILITY

I, _____ (“Volunteer”) desire to provide volunteer services for Living Streams Ranch, 2375 Schukraft Rd, Quakertown, PA 18951, (“LSR”).

- 1. Scope of Relationship.** I understand that the scope of my relationship with Living Streams Ranch is limited to a volunteer position. No compensation will be provided in return for services provided by me, nor will I be entitled to any employee benefits. I understand that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my volunteer services to Living Streams Ranch.
- 2. Release and Waiver.** I hereby release and forever discharge and hold harmless Living Streams Ranch and its successors and assigns 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 my volunteer services with Living Streams Ranch. I understand that this release discharges Living Streams Ranch from any liability with respect to bodily injury, personal injury, illness, death, or property damage, whether caused by the negligence of Living Streams Ranch or its officers, directors, employees, agents, or otherwise.
- 3. No Insurance.** I understand that Living Streams Ranch does not provide medical, health, or disability benefits or insurance, nor does Living Streams Ranch provide any financial or other assistance, in the event of injury or illness.
- 4. Medical Treatment.** I hereby release and forever discharge Living Streams Ranch from any claim whatsoever which arises or may hereafter arise on account of any medical treatment or services, including first-aid or similar services, rendered in connection with my volunteer services with Living Streams Ranch.
- 5. Assumption of Risk.** I understand that participation in volunteer activities involves certain risks, including but not limited to serious injury and death. I am voluntarily participating in the volunteer activities with knowledge of the danger involved, and I agree to accept all risks of participation.
- 6. Indemnification.** I agree to indemnify and hold harmless the Living Streams Ranch for all claims, accusations, notices, judgments, rulings, liabilities or expenses arising out of my actions, inactions, errors, acts, or omissions as a volunteer.
- 7. Miscellaneous.** I understand that this document is a contract which grants certain rights to, and eliminates the liability of Living Streams Ranch. This Release and Waiver of Liability shall be governed by the laws of the Commonwealth of Pennsylvania This Release and Waiver of Liability is intended to be as broad and inclusive as permitted by law. In the event any provision of this Release and Waiver of Liability shall be held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remaining provisions of this agreement, which shall continue to be enforceable.

By signing below, I express my intent to enter into this Release and Waiver of Liability, and I do so willingly and voluntarily. I understand that by signing this form, I am giving up legal rights and remedies.

Signature of Volunteer

Date

For Volunteers under the age of 18:

I am the parent or legal guardian of the Volunteer. By signing below, I express my intent to enter into this Release and Waiver of Liability, and I do so willingly and voluntarily. I understand that by signing this form, I am giving up legal rights and remedies.

Name of Parent_

Date

Signature of Parent

Date

Medical Insurance Verification

Living Streams Ranch has liability insurance that covers the attending participants in case they get hurt. However, this insurance **does not** cover you if you were to be injured while on the ranch/premises and/or working as a volunteer. For this reason, it is necessary for **all volunteers to have their own medical insurance**. Living Streams Ranch does carry supplemental insurance. Please indicate your insurance coverage.

Medical Insurance Name: _____

Policy Number: _____

Policy Holder's Name: _____

In the event of an emergency, please indicate your nearest hospital preference:

St. Luke's Quakertown Grand View Hospital Jefferson Lansdale

Please email this form to kcerruti.livingstreamsranh@gmail.com or mail to Living Streams Ranch, 2375 Schukraft Rd, Quakertown, PA 18951.