



EMERGENCY CONTACT AND RELEASE

You **MUST** print, sign and email to cmhwalkwithmefoundation@gmail.com
Signed Release Form will be on file for one (1) year. Each year a new form must be submitted. Please
submit a new form if you have any personal contact changes

Volunteer Name: _____ **Email:** _____ **Cell Phone:** _____

Emergency Contact Information

Date: _____

Name: _____

Address: _____

Phone day: _____ **evening:** _____ **cell:** _____

E-mail: _____

In case of an emergency, contact

Name: _____

Relationship: _____

Address: _____

Phone day: _____ **evening:** _____ **cell:** _____

E-mail: _____

Any allergies, medications, or other information needed in an emergency:



Release and Waiver of Liability

PLEASE READ

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 20__, by ____ (the "Volunteer") in favor of CMH Walk with Me Foundation a nonprofit corporation, and its directors' officers, employees, and agents.

The Volunteer desires to work as a volunteer for CMH Walk with Me Foundation and engage in the activities related to being a volunteer for the "Activities" you are volunteering for. The Volunteer understands that the Activities may include standing for long periods of time, physical labor, exposure to weather conditions, or other circumstances that may result in personal injuries.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver. Volunteer does hereby release and forever discharge and hold harmless CMH Walk with Me Foundation and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Volunteer's Activities with CMH Walk with Me Foundation.

VOLUNTEER UNDERSTANDS THAT THIS RELEASE DISCHARGES CMH WALK WITH ME FOUNDATION FROM ANY LIABILITY OR CLAIM THAT THE VOLUNTEER MAY HAVE AGAINST CMH WALK WITH ME FOUNDATION WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM VOLUNTEER'S ACTIVITIES WITH CMH WALK WITH ME FOUNDATION, WHETHER CAUSED BY THE NEGLIGENCE OF CMH WALK WITH ME FOUNDATION OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. VOLUNTEER ALSO UNDERSTANDS THAT WITH CMH WALK WITH ME FOUNDATION DOES 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.

2. Medical Treatment. Volunteer does hereby release and forever discharge CMH Walk with Me Foundation 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 Activities with CMH Walk with Me Foundation.

3. Assumption of the Risk. The Volunteer understands that the Activities may involve work that may be hazardous to the Volunteer, including, but not limited to, "Activities" you are volunteering for, and transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities, and releases CMH Walk with Me Foundation from all liability for injury, illness, death, or property damage resulting from the Activities.

4. Insurance. The Volunteer understands that, except as otherwise agreed to by CMH Walk with Me Foundation in writing, CMH Walk with Me Foundation does 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.

5. Photographic Release. Volunteer does hereby grant and convey unto CMH Walk with Me Foundation all right, title, and interest in any and all photographic images and video or audio recordings made by CMH Walk with Me Foundation during the Volunteer's Activities with CMH Walk with Me Foundation, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey and or North Carolina (event location), and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey and or North Carolina event location. Volunteer also 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. IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer Signature: _____

Witness: _____

Witness Print Name: _____

Witness Contact Number: _____