



## **Volunteer Waiver**

I, \_\_\_\_\_, fully understand and acknowledge that my services are to be performed according to the procedures and policies of Ability Tree First Coast, and violations thereof will result in immediate dismissal. I understand that all services performed are strictly voluntary, without pay or compensation of any sort and without liability of any nature on behalf of Ability Tree First Coast. I further acknowledge that all services are performed at my risk.

I acknowledge that I will be working closely with children of varying disabilities, which may result in atypical behaviors, necessary care, or other situations that may take me out of my comfort zone. Therefore, I release Ability Tree First Coast and it's participating families/members from any claims, causes of action or fees as a result of one's associated service to Ability Tree First Coast and it's participating families/members.

On behalf of myself, my heirs, my personal representatives or administrators, I hereby release, and hold harmless Ability Tree First Coast, along with all of its agents, employees, members, and other volunteers against any claims, causes of action, or fees as a result of one's associated service to Ability Tree First Coast, including but not limited to accidents or injuries.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_