



Volunteer Release and Waiver of Liability

This Release and Waiver of Liability (the “**Release**”) is executed as of the date set forth next to Volunteer’s signature at the bottom of this Release and is entered into by and between Volunteer in favor of WINGS Program, Inc. (“**WINGS**”), an Illinois not-for-profit Private Social Service Agency.

I, the Volunteer, desire to work as a volunteer for WINGS and engage in the activities assigned to me from time to time by WINGS in my capacity as a volunteer. WINGS desires to accept my volunteer services subject to the terms and conditions of this Agreement.

In consideration of the foregoing and other valuable consideration, the parties agree:

Release and Waiver: VOLUNTEER DOES HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE AND HOLD HARMLESS WINGS, AFFILIATED COMPANIES, SUBSIDIARIES AND ANY OF THEIR RESPECTIVE OFFICERS, EMPLOYEES, AGENTS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL LIABILITY, DAMAGES, CLAIMS, CAUSES OF ACTION AND DEMANDS OF WHATEVER KIND OR NATURE, EITHER IN LAW OR IN EQUITY, WHICH MAY ARISE OR RESULT DIRECTLY OR INDIRECTLY FROM VOLUNTEER’S ACTIVITIES WITH WINGS. Volunteer understands that this Release discharges WINGS from any liability or claim that the Volunteer may have against WINGS, including but not limited to, claims for bodily injury, personal injury, illness, death, or property damage, first aid, emergency treatment, medical or other service rendered or not rendered to Volunteer that may result directly or indirectly from Volunteer’s activities with WINGS, whether caused by the negligence or breach of contract of WINGS or otherwise. Volunteer expressly agrees that this Release and Waiver is intended to be as broad and inclusive as permitted by law.

Medical Treatment: Volunteer does hereby waive, release and forever discharge WINGS from any claim whatsoever which arises or may hereafter arise out of or result directly or indirectly from any first aid, emergency treatment, medical or other service rendered or not rendered to Volunteer in connection with the Volunteer’s Activities.

Assumption of Risk: Volunteer acknowledges and agrees that the volunteer activities may include work and occur in locations that may be hazardous to safety of the Volunteer and others. VOLUNTEER HEREBY EXPRESSLY AND SPECIFICALLY ASSUMES ALL RISK OF BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE THAT MAY ARISE OUT OF OR RESULT DIRECTLY OR INDIRECTLY FROM VOLUNTEER’S PARTICIPATION IN THE VOLUNTEER ACTIVITIES.

Financial Assistance/Insurance: Volunteer acknowledges and agrees that WINGS does not assume any responsibility for or obligation to provide Volunteer with financial or other assistance. Volunteer understands that, except as otherwise agreed to by an officer of WINGS in writing, WINGS 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 insurance coverage.

INITIAL HERE

CONTINUED ON OTHER SIDE



Governing Law/Venue: THIS AGREEMENT SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE INTERNAL LAWS (AS OPPOSED TO THE CONFLICT OF LAW PROVISIONS) OF THE STATE OF ILLINOIS. FOR ANY ACTION, SUIT OR PROCEEDING RAISING SUCH CLAIMS, THE EXCLUSIVE FORUMS SHALL BE THE STATE COURTS OF COOK COUNTY, ILLINOIS, OR THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS. THE PARTIES HEREBY IRREVOCABLY SUBMIT TO THE JURISDICTION OF THE FOREGOING COURTS FOR ANY SUCH ACTION, SUIT OR PROCEEDING.

Volunteer has read, understands and agrees to be bound by the terms and conditions of this Agreement. Volunteer understands that by signing this Agreement, Volunteer is giving up legal rights and remedies that may have otherwise been available to Volunteer.

Volunteer Signature: _____

Name (Please Print): _____ Date: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

You have my permission to add me to your mailing lists and I verify I am over 18.

If the Volunteer is under age 18:

Signature of Parent/Guardian: _____

Name (Please Print): _____ Date: _____

Emergency Contact Information:

In Case of Emergency Contact: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Phone: _____