



Volunteer Waiver

Dear Volunteer:

Thank you for volunteering to cleanup Jackson Lake or to provide any other volunteer services to Jackson Lake Association, Inc (“JLA”). We are certain you realize that activities on the lake, or activities on any body of water, are inherently dangerous. The purpose of this warning is not to alarm you, but to stress the importance of safety while on the water or in the presence of boating activities

Because of the inherent and potential dangers, it has become necessary to adopt a policy of requiring each volunteer for JLA to agree with us in advance that he or she will assume the risk of personal injury and agree that he or she will release and waive any claim he or she may have against JLA, its members, directors, officers, contractors, agents, guests and other volunteers (hereinafter collectively referred to as the “Released Parties”), for damages arising out of any such injury to person or damage to property.

ACCORDINGLY, THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF HIS OR HER HEIRS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREES TO RELEASE, FOREVER DISCHARGE AND HOLD HARMLESS THE RELEASED PARTIES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, OR CAUSES OF ACTION THAT THE UNDERSIGNED MAY HAVE FOR ANY AND ALL INJURIES TO HIS OR HER PERSON OR PROPERTY AND FOR DAMAGES OR LOSSES, INCLUDING BUT NOT LIMITED TO, LOSSES CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHER ACTS OR OMISSIONS, WHILE PARTICIPATING IN SAID ACTIVITIES OR CONNECTED WITH JLA. THE UNDERSIGNED ALSO UNDERSTANDS THAT JLA DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO, MEDICAL, HEALTH OR DISABILITY INSURANCE, IN THE EVENT OF INJURY OR ILLNESS.

The undersigned further assumes the risk of injury or harm in connection with such activities, acknowledges JLA does not maintain health, medical or disability insurance for any volunteer

We value you very much and hope you will return again. *Be careful and have a great time!*

VOLUNTEER SIGNATURE: _____

PRINT NAME: _____

PARENT SIGNATURE: _____ (If Volunteer is under 18)

I CONFIRM I KNOW HOW TO SWIM: _____ (Volunteer Initial)

PRINT ADDRESS:

EMERGENCY CONTACT: _____

PRE-EXISTING MEDICAL CONDITIONS (if any):

