

UTAH STATE VOLUNTEER LIABILITY RELEASE AND WAIVER OF LIABILITY FORM

This Release and Waiver of Liability ("release") executed on (date) _____ by (name of volunteer candidate) _____ ("Volunteer") releases the STATE OF UTAH and (divison/agency) _____ ("Utah") and each of its directors, officers, employees, agents and facilitators. The Volunteer desires to provide volunteer services for Utah and engage in activities related to serving as a volunteer _____ [insert title of volunteer service such as "mentor" "companion" "volunteer driver" etc.].

Volunteer understands that the scope of Volunteer's relationship with Utah is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer, that Utah will not provide any benefits traditionally associated with employment to Volunteer, and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's service to Utah.

In consideration of being allowed to participate in any way in the program, related events and activities, and use of the equipment, I the undersigned, acknowledge, appreciate, and agree that:

- 1. I voluntarily and by my own volition participate in the activity, program, or in any other service capacity for the State of Utah.
2. I KNOWINGLY AND FREELY ASSUME ALL RISKS associated with any activity or program I voluntarily participate in and assume full responsibility for my participation.
3. I willingly agree to comply with all terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the State of Utah, its officers, officials, agents, and/or employees, other participants, from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, to the fullest extent permitted by law.

Health Statement

I will notify Utah officials or employees if I suffer from any medical or health condition that may cause injury to myself, others, or may require emergency care during my participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above to the fullest extent permitted by law.

X _____
Parent/Guardian Signature Date Emergency Phone Number(s)

