

Alzheimer's Association - Greater Indiana Chapter
VOLUNTEER WAIVER & RELEASE FORM

This document affects your legal rights. You must read and understand this document before signing it. In this document, the term "Association" includes the Alzheimer's Association - Greater Indiana Chapter, and each of its affiliates and their members, officers, employees and agents.

I acknowledge that I am volunteering my services to the Association, and acknowledge and agree with the Association, on behalf of myself, my heirs, assigns, representatives and estate, as follows:

I UNDERSTAND and acknowledge that the activity I am voluntarily engaging in on behalf of the Association bears certain risks that could result in injury to myself or to my property. These risks include but are not limited to risks associated with: (1) physical activity; (2) defects or conditions in equipment, facilities or real property; (3) my own physical condition, or my own acts or omissions; (4) riding or sitting in or on a vehicle; and (5) first aid or other services rendered by the Association or the lack thereof. I acknowledge that the above list is not exhaustive, and that other risks, known or unknown, may also result in injury or damage to myself or to my property.

I VOLUNTARILY AGREE to accept and assume all responsibility and risk for injury to myself or any property arising from my participation in this activity. My participation in this activity is purely voluntary; no one is forcing me to participate in spite of the risks. I also understand and acknowledge that no insurance benefits, medical or otherwise, will be provided to me by the Association during this activity or as a result of my participation in this activity. I also understand and acknowledge that no insurance benefits, medical or otherwise, will be provided to me by the Association during this activity or as a result of my participation in this activity. I agree that by volunteering for any activities which result in my driving a vehicle, I am certifying that I have a valid driver's license and required insurance coverage.

I VOLUNTARILY RELEASE and forever discharge and covenant not to sue the Association from any and all liability, claims, causes or rights of action that arise out of or are in any way connected with my participation in this activity, including, but not limited to any and all negligence, fault, or strict liability of the Association for any and all injury and damage to myself or to my property.

I UNDERSTAND and acknowledge that by signing this document I have given up certain legal rights and possible claims which I might otherwise have against the Association, including but not limited to, rights arising from, or claims for the acts or omissions, fault, negligence in any degree by the Association.

I UNDERSTAND that this is the entire agreement with the Association, and that it cannot be modified or changed in any way by the representations or statements of any employee, agent, and officials or by me. My signature below indicates that I have read this entire document, understand it completely, and voluntarily agree to be bound by its terms.

SIGNATURE per online application for Greater Indiana Chapter.