

**PARENT OR LEGAL GUARDIAN RELEASE AND WAIVER OF LIABILITY FORM.
PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS
YOUR LEGAL RIGHTS!**

This Release and Waiver of Liability (the "Release") is executed on this day of **(Date)**:

By the “parent or legal guardian” of “the Volunteer” **(print your child’s name)**:

The parent or legal guardian releases The Shelton Clean-Up Project Inc, a non-profit and Community Service group, as recognized in the state of Connecticut Business Registry, and each of its organizers, volunteers, and board members, of any and all liability related to the advertised task being completed.

The above named parent or legal guardian, does hereby give my consent for my child (“the Volunteer”) to participate in all activities of The Shelton Clean-Up Project Inc. The parent or legal guardian understands that the scope of the relationship with The Shelton Clean-Up Project Inc, is limited to a volunteer position and that no compensation is expected in return for services provided by the Volunteer; and that The Shelton Clean-Up Project Inc, will not provide any benefits traditionally associated with employment to the Volunteer. The parent or legal guardian desires that the Volunteer engage in activities related to serving or participating in The Shelton Clean-Up Project Inc as a player, participant or volunteer. The parent or legal guardian is responsible for the Volunteer's own insurance coverage in the event of personal injury or illness as a result of participation in activities of the The Shelton Clean-Up Project Inc.

Waiver and Release: I release and forever discharge and hold harmless The Shelton Clean-Up Project Inc and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities the Volunteer engages in with The Shelton Clean-Up Project Inc, including claims arising out of negligence. I understand and acknowledge that this Release Discharges The Shelton Clean-Up Project Inc from any liability or claim that I may have against The Shelton Clean-Up Project Inc with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services the Volunteer provides to The Shelton Clean-Up Project Inc or occurring while the Volunteer is providing volunteer services.

Insurance: I affirm that the Volunteer is covered by primary medical insurance and understand that I am responsible for their medical bills if injury occurs. Further, I

understand that The Shelton Clean-Up Project does not assume any responsibility for or obligation to provide the Volunteer with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of the Volunteer's injury, illness, death or damage to his or her property. I expressly waive any such claim for compensation or liability on the part of The Shelton Clean-Up Project Inc beyond what may be offered freely by The Shelton Clean-Up Project Inc in the event of such injury or medical expenses incurred by the Volunteer.

Assumption of Risk: I understand that the services provided by the Volunteer to The Shelton Clean-Up Project Inc may include activities that are inherently dangerous. I hereby expressly assume the risk of injury or harm to the Volunteer from these activities and Release The Shelton Clean-Up Project Inc from all liability for injury, illness, death, or property damage resulting from the services the Volunteer provides as a volunteer or occurring while the Volunteer is participating in events.

Medical Treatment: I hereby release and forever discharge The Shelton Clean-Up Project Inc from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the Volunteer's tenure as a volunteer with The Shelton Clean-Up Project Inc. I give my consent for The Shelton Clean-Up Project Inc to provide, administer, or obtain medical treatment for the Volunteer.

Other: I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Connecticut and that this Release shall be governed by and interpreted in accordance with the laws of the State of Connecticut. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I, the above named parent or legal guardian, expresses my understanding and intent to enter into this Release and Waiver of Liability knowingly and voluntarily.

Signature:

Date:

Printed Name: