**Essex County Parks and Recreation**

**Release and Waiver of Liability Form**

This Release and Waiver of Liability (the “release”) on DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby releases the following Persons and Entities Releases and otherwise agrees as follows: Persons and Entities Released: Essex County, The Essex County Board of Supervisors, The Essex County School Board, Coaches or the Staff of Essex County Parks and Recreation Department, the Commonwealth of Virginia, and all others, jointly, severally, and individually.

1. **Waiver and Release**: I, release and forever discharge and hold harmless the above listed entities from any as all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide. I understand and acknowledge that these Release dischargers from any liability or claim that I may have with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I am providing for ECPRD.
2. **Insurance**: I understand that none of the above entities assumes any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive and such claim for compensation or liability on the part of the participating entities.
3. **Medical Treatment**: I hereby Release and forever discharge the participating entities from any claim whatsoever which arises of may hereafter arise on account of any first –aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with ECPRD.
4. **Assumption of Risk**: I understand that the services I provide the ECPRD may includes activities that maybe hazardous to me including, but not limited to involving inherently dangerous activities. I hereby expressly assume the risk of injury or harm from these activities and Release ALL participating entities from all liability for injury, illness, death, or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services for ECPRD.
5. **Photographic Release**: I grant and convey to the organizers all right, title, and interests in any and all photographs, images, video, audio in connection with my providing volunteer services for ECPRD.
6. **Other**: I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Virginia. I agree that in the event that any clause or provision of this release is deemed invalid, the enforceability of the remaining provisions of the Release shall not be affected. I also understand that it is my desire to further the work of ECPRD by performing services as a Volunteer. I undertake to perform said services without compensation and that, in performing said services, I acknowledge that I am not acting as an employee.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

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**SIGNATURE AGE (only if Under 18) DATE**

 **If Player is under the age of 18, a parent/guardian must read and sign this Release/Waiver of Liability form.**

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**Parent or Guardian DATE**