

# Cypress Cove Landkeepers Volunteer Waiver and Release

I, \_\_\_\_\_ (“**Volunteer**”) releases Cypress Cove Landkeepers, Inc. (“**CCL**”), a nonprofit corporation organized and existing under the laws of the State of Florida and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for CCL and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with CCL is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that CCL 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 services to CCL.

**1. Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless CCL and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to CCL. I understand and acknowledge that this Release discharges CCL from any liability or claim that I may have against CCL with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to CCL or occurring while I am providing volunteer services.

**2. Insurance:** Further I understand that CCL does not assume 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. I expressly waive any such claim for compensation or liability on the part of CCL beyond what may be offered freely by CCL in the event of injury or medical expenses incurred by me.

**3. Medical Treatment:** I hereby Release and forever discharge CCL 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 my tenure as a volunteer with CCL.

**4. Assumption of Risk:** I understand that the services I provide to CCL may include activities that may be hazardous to me including, but not limited to being out in nature with wild animals and insects, heavy lifting, cutting brush, walking through rough terrains, working with sharp objects, and other roles and duties involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release CCL from all liability.

**5. Photographic Release:** I grant and convey to CCL all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by CCL in connection with my providing volunteer services to CCL.

**6. Other:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. 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.

**7. COVID-19 ASSUMPTION OF RISK:** I expressly affirm that I am aware of the public health directives recommending social isolation and distancing in response to the current COVID-19 pandemic. I affirm and attest that I am not currently or have not exhibited within the last 72-hours COVID-19 related symptoms, such as sore throat, cough, shortness of breath, and/or fever, nor have I been exposed to individuals exhibiting the same. I am further aware and affirm that CCL cannot prevent the possibility of exposure to COVID-19 at its facility or during my transportation to and from its location. I am aware and affirm that volunteering at CCL involves risk of exposure from staff and other volunteers. I am expressly aware of and affirm the potential health risks that may occur if I am exposed to COVID-19, up to and including death, and that my exposure brings with it the possibility of my exposing others, including members of my household or other communities. I acknowledge and am aware of CDC and other public health recommendations concerning risks COVID-19 exposure presents to individuals in certain age groups and/or with high risk health conditions. I affirm that this waiver, in its entirety, includes any and all liability or claim that I, the volunteer may have against the CCL, with respect to any exposure I may have to COVID-19 as a volunteer

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

***I am over 18 or the legal guardian of the participant above and I accept the terms of the waiver.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_