Volunteer Waiver of Liability
Lee Oak Cooperative Inc.

Thank you for working today. We greatly appreciate your assistance and commitment to working with Lee Oak Cooperative Inc. our insurance policy requires that we have an accurate record of all liability while working Lee Oak cooperative for the _____ Calendar year. We will need to ask for an update for to be signed for the next calendar year.

This release and waiver of liability (the "release") executed on this _____ day of _____, 20_____, by _____ (the "volunteer") in favor of Lee Oak Cooperative Inc., a New Hampshire nonprofit corporation, their directors, officers, employees and agents (collectively "Lee Oak Cooperative Inc.").

The volunteer desires to work as a volunteer for Lee Oak Cooperative and engages in the activities related to being a volunteer (the "activities"). The volunteer understands that in return for the cooperative allowing the volunteer to act as a volunteer, the volunteer hereby freely, voluntarily, and without duress executes this release under the following terms:

Release and Waiver: Volunteer does hereby release and forever discharge and hold harmless Lee Oak Cooperative 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 form the volunteer's activities with Lee Oak Cooperative Inc.

Volunteer understands that this release discharges Lee Oak Cooperative from any liability or claim that the volunteer may have against Lee Oak Cooperative with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the volunteer's activities with Lee Oak Cooperative, whether caused by the negligence of Lee Oak Cooperative or its officers, directors, employees, agents or otherwise. Volunteer also understand that Lee Oak Cooperative does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.

Medical Treatment: Volunteer does hereby release and forever discharge Lee Oak Cooperative from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the volunteer's activities with Lee Oak Cooperative Inc.

Assumption of Risk: The volunteer understand that the activities include work that may be hazardous to the volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work/volunteer sites.

Insurance: The volunteer is expected and encouraged to obtain his or her own medical, disability or health insurance coverage.

Photographic Release: Volunteer does hereby grant and convey unto Lee Oak Cooperative, all rights, title and interest in any and all photographic images and video or audio recordings made by Lee Oak Cooperative during the volunteer's activities with Lee Oak Cooperative, including but not limited to, any royalties proceeds, or other benefits derived from such photographs or recordings.

Other: Volunteer expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of New Hampshire and that this release shall be governed by and interpreted in accordance with the laws of the State of New Hampshire. Volunteer agrees that in the event that any clause or provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provision of this release which shall continue to be enforceable.

Volunteer has executed this release as of the day, date, and year below:

Volunteer Name (print) _____

Volunteer Signature _____ Date _____

Volunteer Address _____

Phone # _____

Email Address _____

If the volunteer is under the age of 18, a parent or legal guardian must sign

Adult Signature _____

In case of emergency, please contact:

Name _____ Relationship _____

Address _____

Phone # _____