



York County White Rose Nurse Honor Guard Volunteer Release and Waiver of Liability

Please read this carefully before signing, as it affects your legal rights.



In consideration of the risk of injury while participating in all Honor Guard activities ("the Activities") for the York County White Rose Nurse Honor Guard Association ("the Association") and as consideration for the right to participate in the Activities, I hereby, for myself, my family, state, heirs, executors and administrators, knowingly and voluntarily assume all risks and enter into this Release and Waiver of Liability. I hereby release, waive and discharge any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activities. I release, waive and forever discharge the Association, its directors, officers, agents, volunteers and employees, for any physical injury or illness, including but not limited to death or damages, that I may suffer as direct result of my participation in the Activities, including traveling to and from sites related to the Activities. I am voluntarily participating in the Activities and I am participating in the Activities entirely at my own risk.

I agree to indemnify, defend and hold the Association, its directors, officers, agents, volunteers and employees, harmless against any and all losses, damages, liabilities, claims (including but not limited to third party claims), demands, suits, actions, proceedings, judgements, obligations, penalties, costs or expenses including without limitation, attorney fees, court costs, consequential damages and punitive damages, paid or suffered or incurred which arise directly or indirectly out of or are in any way connected with the Activities.

I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the Commonwealth of Pennsylvania.

I currently have no known physical, mental or other health condition that would impair my capability for safe, full participation as intended or expected of me.

I am legally competent to sign this liability release.

I understand that the terms of this release are unlimited in duration and cover all Activities that I participate in at any time in the future.

I have carefully read this release and waiver of liability and fully understand its content and meaning.

DATED this _____ day of _____, 20____.

[Signature of Volunteer]

[Printed Name of Volunteer]