



**Turn Back Time**

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WEB

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Turnbacktimeinc

INSTAGRAM

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## Turn Back Time Inc., Volunteer Waiver

I, \_\_\_\_\_, (Please Print) being over the age of 18, am volunteering to perform work for Turn Back Time Inc. In consideration of being allowed to perform this volunteer service, I do hereby release Turn Back Time Inc and its officials, officers, agents, and employees from liability for any harm, injury or damage which I may suffer, sustain, and/or incur while in the course of performing the volunteer work which is assigned. I understand that the I will be assigned work in an agricultural setting that may present inherent risks and dangers associated with such a setting, including but not limited to working around and/or with animals, conditions associated with farm land and farming and exposure to elements in a wooded forestry setting. This release applies to all risks which are connected with this work whether foreseen or unforeseen. I do understand the supervisor responsible for directing the volunteer work will make an effort to inform me of the general hazards involved with the work to be undertaken. This release applies to damages suffered by me, by myself as well as my family, heirs, and assigns as a result of any harm or injury which I may suffer. I agree to hold Turn Back Time Inc., and its officials, officers, agents and employees harmless from any claims made by myself, my family, estate(s), heirs, or assigns out of my volunteer service for Turn Back Time Inc. I further agree I shall hold harmless, indemnify and defend Turn Back Time Inc, its officials, officers, agents and employees from any damage to persons or property, resulting from my negligence and/or intentional acts. I further assume the responsibility of the physical fitness and ability to perform the work which is assigned to me. If I do not feel I am capable of performing the volunteer work assignment, I shall assume the responsibility of informing the volunteer services coordinator. I am of lawful age and legally competent to sign this release and have signed this document as my free act. I have fully informed myself of the contents of this release by reading it by signing it. I realize that by signing this document I am giving up legal rights which I may be entitled to. I have further been advised of my right to seek independent representation in reviewing this Waiver and I have specifically declined to do so.

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

In case of emergency notify: \_\_\_\_\_

Contact Info:

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Do you have any medical condition of which we should be aware? No Yes If yes describe:

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