Village Exchange Center Volunteer Release



		ity (the "release") executed on (date)	by (name	
	Colorado and each of its directors of Volunteer's relationship with No return for services provided by the	s, officers, employees, and agents.Th onprofit is limited to a volunteer positi	("Volunteer") releases the Village existing under the laws of the State of e Volunteer understands that the scope on; that no compensation is expected in will not provide for the Volunteer own of Volunteer's services to Nonprofit.	
1.	successors and assigns from any in equity, which arise or may he acknowledge that this Release di Nonprofit with respect to bodily in	and all liability claims, and demands reafter arise from the service I prov scharges the Nonprofit from any liabi	ge and hold harmless Nonprofit and its of whatever kind or nature, within law or ide to the Nonprofit. I understand and lity or claim that I may have against the r property damage that may result from Volunteer services.	
2.	<u>Insurance</u> : Further I understand the me with financial or other assistant of any nature in the event of my	hat the Nonprofit does not assume any ce including but not limited to medical injury, illness, death, or damage to m on the part of the Nonprofit beyond wh	responsibility for or obligation to provide health or disability benefits or insurance by property. I expressly waive any such that may be offered freely by the Nonprofit	
3.	Medical Treatment: I hereby Re arises or may hereafter arise or	lease and forever discharge the Non	profit from any claim whatsoever which or other medical services rendered in	
4.	Photographic Release: pleases in any and all photographs, image	select oneI grant and convey to ges, video or audio recordings of me	o the Nonprofit all right, title, and interests or my likeness or voice made by the approfitI do not Grant permission of	
5.	Covid: I attest that as a Volunteer I will cancel my shift, as far in advance as possible, before arriving to the facilities and let the organization know if I experience any type of symptoms or illness (fever, cough, sore throa and/or nausea).			
	As a Volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Colorado State and that this Release shall be governed by and interpreted in accordance with the law of Colorado State. 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.			
	By signing below, I express my una and voluntarily.	derstanding and intent to enter into this	s Release and Waiver of Liability willingly	
Signati	ure:	Name:	Date:	
Email:				
Signatu	ure of Parent or Guardian (if minor)	:		
Name	of Parent or Guardian:			