

**WE CAN Volunteers – Over 18 Years of Age**

Release of Liability and Hold Harmless Agreement

In consideration of allowing me, \_\_\_\_\_ (the “Volunteer”), to participate in \_\_\_\_\_ (the “Program”), I, to the fullest extent permitted by law, on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, **AGREE TO AND DO FOREVER RELEASE, WAIVE, AND DISCHARGE Worcester County Environmental Community Agricultural Network, (WE CAN) DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, ASSIGNS AND VOLUNTEERS (COLLECTIVELY REFERRED TO AS THE “RELEASEES”)** FROM ANY CAUSE OF ACTION, CLAIMS, OR DEMANDS OF ANY NATURE WHATSOEVER, including but not limited to a claim of negligence which I, my spouse, heirs, representatives, executors, administrators and assigns may now have or have in the future against the Releasees on account of personal injury, bodily injury, property damage or loss, death or accident of any kind, arising out of or in any way related to my participation in the Program and/or the use of facilities, equipment, or services in association with the Program howsoever the injury is caused, whether by the negligence of the Releasees or otherwise. In consideration of my participation in the Program, I **COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND HOLD HARMLLESS** the Releasees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to my participation in the Program and my use of facilities, equipment, or services in association with the Program.

I authorize WE CAN, its employees and agents, to act on my behalf in the event of an emergency during my participation in the Program, and to take whatever actions they may consider to be warranted under the circumstances regarding the protection of my health and safety. I know of no medical reason why I should not participate in the Program. I understand that any circumstance or event arising from my participation in the Program may not be covered by insurance maintained by WE CAN. I affirm that I have medical insurance and that I will be held financially responsible for any medical and emergency expenses incurred as a result of any accident, illness or other incapacity. I recognize that it is my responsibility to advise WE CAN of any special accommodations, needs or medical considerations (e.g. allergies) that may affect my participation in the Program.

I understand that if I do not follow the directions being given by WE CAN employees and volunteers, I may lose my privilege to be a volunteer in the Program and be asked to leave.

---

Signature of Volunteer

Date