**Liability Waiver and Release Form**

Neighborhood Services, Inc. (NSI)

1950 N. 4th Street

Columbus, OH 43201

614-297-0592

www.neighborhoodservicesinc.org

Supervisor of Volunteers: Executive Director

Volunteer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

City: State: Zip: Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Volunteer’s e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Liability Waiver and Release**

**On behalf of myself, my executors, administrators, heirs, next of kin, successors, and those assigned, I, , hereby waive, release, and discharge Neighborhood Services, Inc. (NSI) from any and all liability, which may include, but is not limited to liability for any personal injury, disability, death, property damage, property theft or actions of any kind which may result from the negligence of Neighborhood Services, Inc. (NSI), and indemnify and hold harmless Neighborhood Services, Inc. (NSI), the City of Columbus, the State of Ohio, and its officers, agents, and employees from any and all liabilities, litigation expenses, loss, damage, or cost pertaining to any claims made by other individuals or entities as a result of any of my actions or of any participant acting on my behalf.**

**I, the undersigned, on behalf of myself and all others as named above,**

1. **\_\_\_\_\_\_ Acknowledge that I have read and understand the waiver and release described herein;**

**(Please initial above)**

1. **\_\_\_\_\_\_ Affirm that this release and waiver shall be construed broadly to provide a release and;**

**(Please initial above)**

1. **\_\_\_\_\_\_ Waiver to the maximum extent permissible under law.**

**(Please initial above)**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Volunteer Date

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature (If Volunteer is under the age of 18) Date

In Case of an Emergency contact:

­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Phone Number