

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 First and Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

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,

- A. _____ Acknowledge that I have read and understand the waiver and release described herein; *(Please initial)*

- B. _____ Affirm that this release and waiver shall be construed broadly to provide a release and; *(Please initial)*

- C. _____ Waiver to the maximum extent permissible under law. *(Please initial)*

Signature of Volunteer

Date

Parent or Guardian of Volunteer *(If under the age of 18 years old)*

Date

In case of an Emergency, please contact:

Name	Relationship	Phone Number
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Please check which applies:

First-time Volunteer

Returning Volunteer

Volunteering with a group

Student Volunteer

Registered on VolunteerHub