

# The Sharing Farm Society

## 2024 Volunteer Liability Waiver



*By signing below, I, the Volunteer (or volunteer's legal guardian, on the volunteer's behalf), agree that:*

- 1. Policies and Safety Rules.** For my safety and that of others, I will comply with TSF's volunteer policies and safety rules and its other directions for all volunteer activities. I will supervise any child or other person for whom I am responsible. If I become aware of any hazardous condition or danger at an TSF program site, I will alert TSF.
- 2. Awareness and Assumption of Risk.** I understand that my volunteer activities with TSF have inherent risks that may arise from TSF operations, my own actions or inactions, or the actions or inactions of TSF, its directors, contractors, employees, other volunteers, and others present at TSF sites. These risks may include, but are not limited to: dangers and conditions inherent to farm property and other program sites, including bees, animals, uneven terrain, allergens, and use of power tools, ladders and farm equipment; weather; physical exertion; and travel to and from TSF sites. I assume full responsibility for any and all risks of bodily injury, death or property damage caused by or arising directly or indirectly from my presence at TSF sites or participation in TSF activities, regardless of the cause.
- 3. Waiver and Release of Claims.** I waive and release any and all claims against: TSF; the City of Richmond, on whose premises TSF programs take place; other tenants at Terra Nova Rural Park and other tenants' directors, officers, agents, employees, volunteers, and affiliates (collectively, the "Released Parties"), for any liability, loss, damages, claims, expenses and attorneys' fees (collectively, "Liabilities") resulting from death, or injury to my person or property, caused by or arising directly or indirectly from my presence at a TSF site or participation in TSF activities, regardless of the cause and even if caused by negligence, whether passive or active. I agree not to sue any of the Released Parties on the basis of these waived and released claims. I understand that TSF would not permit me to volunteer without my agreeing to these waivers and releases.
- 4. Medical Care Consent and Waiver.** I authorize TSF to provide to me first aid and, through medical personnel of its choice, medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon TSF to provide such assistance, transportation, or services. In addition, I waive and release any claims against the Released Parties arising out of any first aid, treatment or medical service, including the lack or timing of such, made in connection with my volunteer activities with TSF.
- 5. Indemnification.** I will defend, indemnify, and hold the Released Parties harmless from and against any and all Liabilities, including without limitation, Liabilities arising from any injury, property damage, or death that may be suffered by me or any person in a relationship with me or any other third party, which may arise directly or indirectly from my TSF volunteer activities, except and only to the extent the liability is caused by the gross negligence or willful misconduct of the relevant Released Party.
- 6. Confidentiality.** As a volunteer, I may have access to TSF confidential information. At all times during and after my participation, I agree to hold in confidence and not disclose or use any such confidential information except as required in my TSF volunteer activities or as expressly authorized by TSF's Executive Director.
- 7. Publicity.** I consent to the unrestricted use in any form of any photographs, interviews, film, videotapes, other visual or auditory recordings, in any other medium, including the Internet, of me that the Released Parties or others may create in connection with my participation in TSF volunteer activities. I waive any right to inspect or approve the finished product and acknowledge that I am not entitled to any compensation for creation or use of the finished product.
- 8. Volunteer Not an Employee.** I understand that (i) I am not an employee of TSF, (ii) that I will not be paid for my participation, and (iii) I am not covered by or eligible for any TSF or other insurance, health care, worker's compensation, or other benefits. I acknowledge that the County and TSF are no co-sponsors, partners, joint ventures or otherwise jointly engaged in any activities, including those in which I may participate as a volunteer. I may choose at any time not to participate in an activity, or to stop my participation entirely, with TSF.

---

**Volunteer Signature**

**Date**

**Volunteer Name**

---

**Parent's/Guardian's Signature (if under 18)**

**Date**

**Parent's/Guardian's Name (if under 18)**