

## Resident Volunteer Waiver

Volunteer's Full Name: \_\_\_\_\_

Unit # \_\_\_\_\_ Phone Number \_\_\_\_\_ email: \_\_\_\_\_

I, \_\_\_\_\_, (hereafter known as Volunteer Resident) desire to work as a volunteer for the Pine Run Condominium Association (hereafter known as the Association) and engage in the activities related to being a volunteer for work projects. I hereby voluntarily execute this Volunteer Waiver under the following terms:

I, Volunteer Resident, release and hold harmless the Association and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with the Association .

I understand that this Waiver discharges the Association from any liability or claim that I, the Volunteer, may have against the Association with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on The Association's work site. I also fully understand that the Association does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

I, Volunteer Resident, understand that I expressly waive any such claim for compensation or liability on the part of the Association beyond what may be offered freely by the representative of the Association in the event of such injury or medical expense. I hereby release the Association from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with the Association .

I understand that my work with the Association may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release the Association from all liability for injury, illness, death, or property damage resulting from the activities of my work with the Association . I agree not to use power tools of any kind or climb ladders in the service of the Association .

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Florida in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Signature \_\_\_\_\_ Date \_\_\_\_\_