

Beneficiary Waiver of Liability

Date: _____

To Whom It May Concern,

I, _____ (Name of Volunteer), hereby waive any and all claims against _____ (Name of Organization) for any injury or damage that may arise during my participation in volunteer work as a beneficiary.

I understand that my involvement as a volunteer may involve certain risks, including but not limited to, potential injuries, illnesses, or unforeseen accidents. I acknowledge that I am participating voluntarily and assume all risks associated with this activity.

By signing this waiver, I confirm that I am acting of my own free will and that I am fully aware of the risks involved.

Signature: _____

Printed Name: _____

Date: _____