Service Liability Waiver

Date:
To Whom It May Concern,
I, [Volunteer Name], hereby acknowledge that I am voluntarily participating in volunteer work on behalf of [Organization Name]. I understand that this work may involve certain risks, including but not limited to injury, illness, or property damage.
By signing this waiver, I agree to release and hold harmless [Organization Name], its employees, and volunteers from any and all liability for any claims, injuries, or damages related to my participation in this volunteer work.
I certify that I am physically fit to participate in this volunteer activity and have not been advised otherwise by a qualified medical professional.
I have read and understand this waiver, and I voluntarily agree to its terms.
Signature:
Print Name:
Emergency Contact:
Phone Number: