

Volunteer Waiver

Volunteer _____ Date ____/____/____

Home Address

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Organization Jeanette Lake Camping Association

Located at Camp Oshkidee, Jeanette Lake, SK

I, the above listed Volunteer, desire to work as a volunteer for Camp Oshkidee and engage in the activities related to being a volunteer for a work project.

I hereby voluntarily, execute this Volunteer Waiver under the following terms:

I, the Volunteer, release and hold harmless Camp Oshkidee 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 Organization.

I understand that this Waiver discharges Camp Oshkidee from any liability or claim that I, the Volunteer, may have against Camp Oshkidee with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the Organization's work site. I also fully understand that Camp Oshkidee 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, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of Camp Oshkidee beyond what may be offered freely by the representative of Camp Oshkidee in the event of such injury or medical expense.

I hereby release Camp Oshkidee 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 Organization.

I understand that my time 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 Camp Oshkidee from all liability for injury, illness, death, or property damage resulting from the activities of my time with the Organization. I understand that I can refuse to do anything that I do not feel safe or confident in doing.

Volunteer's Signature

Date

Volunteer Waiver
