

WAIVER AND RELEASE OF LIABILITY

In consideration for being permitted to participate in the programs of Ohio History Connection (OHC) and/or its affiliated Site Management Organizations (SMO), including, but not limited to the affiliated SMO(s) listed below, I waive and release, on behalf of myself and my heirs, executors, representatives and assigns, OHC, its present and former officers and employees, its affiliated SMO(s) and sites, including the State of Ohio, other volunteers, and participants or users of the programs and facilities of OHC and its affiliated SMO(s), from any claims, including those for negligence, personal injury, wrongful death and survivorship, or property damage arising out of my service as a volunteer. This includes all claims existing at the time I sign this Waiver and Release, including those that are unknown or unforeseen, and for those claims that may arise in the future during the time that I serve as a volunteer. I understand that an injury, illness or condition sustained by me while volunteering at OHC or its affiliated SMO(s) and sites will not be covered by worker's compensation or health insurance provided by the OHC or its affiliated SMO(s). I agree to indemnify OHC and its affiliated SMO(s) for all claims that arise as a result of my service as a volunteer.

I know and understand that I am not an employee of OHC or its affiliated SMO(s), I shall receive no wages or other compensation for my work, I am not an independent contractor, and I am not an agent or representative of OHC or its affiliated SMO(s).

I have signed this Waiver and Release voluntarily, and with full knowledge of its consequences. I acknowledge that the consideration exchanged for this Waiver and Release has been provided, and is sufficient.

Signature

Date

Print Name

Print Full Address

Legal Name of Affiliated Site Management Organization(s): (if applicable)
