## Volunteer Release and Wavier of Liability

## PLEASE READ CARE FULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed on this by		
Natchez Alumni Association (hereinafter called NNAA), a nonprofit contheir directors, officers, employees, volunteers, and agents collectively a	rporation, a Mississ	ippi nonprofit corporation
The Volunteer understands that the extent of the Volunteer's relationship vno compensation is expected in return for services provided by the Voluntraditionally associate with employment to the Volunteer,		
The Volunteer hereby freely, voluntarily, and without duress executes thi	s Relea.se under the	following terms:
RELEASE AND WAIVER. Volunteer does hereby release and forever successors and assigns from any and all liability, claims, and demands of equity, which arise or may hereafter arise from Volunteer's Activities wi Release discharges NNAA from any liability or claim that the Voluntee bodily injury, persona! injury, illness, death, or property damage that m NNAA, whether caused by the negligence of NNAA or its officers, direct Volunteer also understands that NNAA does not assume any responsibility assistants or other assistance, including but not limited to medical, health or illness.	whatever kind or na ith NNAA. Voluntee or may have against lay result from Volunctors, employees, or lity for or obligation	ture, either in tow or in or understands that this NNAA with respect to any nteer's Activities with agents or otherwise. to provide financial
<b>MEDICAL TREATMENT</b> . Volunteer does hereby release and forev whatsoever which arises or may hereafter arise on account of any first a connection with the Volunteer's Activities with NNAA.		
ASSUMPTION OF THE RISK. The Volunteer understands that the hazardous to the Volunteer, including, but not limited to, food preparation inventory, clothing distribution and activities as it arises. Volunteer here of injury or harm in the Activities and releases NNAA from all liability resulting from the Activities,	on, serving food, clear by expressly and sp	aning, handling of ecifically assumes the risk
<b>INSURANCE</b> . The Volunteer understands that, except as otherwise agreerry or maintain health, medical, or disability insurance coverage for a encouraged to obtain his or her own medical or health insurance coverage.	ny Volunteer. Each	
<b>PHOTOGRAPHIC RELEASE</b> . Volunteer does hereby grant and coin any and all photographic images and video or audio recordings made b NNAA including, but not limited to any royalties, proceeds, or otter ben recordings.	y NNAA during the	Volunteer's Activities with
Volunteer Signature		Date
Parent/Guardian Signature (if applicable)		Date
Complete Address (No P.O. Box)		
City	State	Zip
Email Address:	Phone:	
Emergency Contact:Ph	ione:	