Important: Each volunteer must sign the "Release and Waivel this waiver very carefully before you sign.	r Liability" before working Philipsburg Revitalization site. Read
RELEASE AND W	VAIVER OF LIABILITY
This Release and Waiver of Liability (the "Release") executed on this	day of ,
by in favor of PHILIPSBURG REVITALIZATION CORP, a nonprofit corpo Pennsylvania, USA, its directors, officers, employees, agents, success	oration organized and existing under the laws of the Commonwealth of
The individual desires to volunteer for Philipshurg Revitalization and	engage in the activities related to being a volunteer (the "Activities"). I,
the volunteer hereby freely and voluntarily, without duress, execute	this Release under the following torms:
1. Waiver and Release 1 the volunteer release and forever disch	arge and indemnify and hold harmless The PRC from any and all liability,
claims, and demands of whatever kind or nature, either in law or in e	ange and indemnity and note narmiess the PRC from any and all liability,
The PRC. I, the volunteer understand and acknowledge that this Rele	and the second state of may nereafter arise from my Activities at
Tave against PRC with respect to hodily injury personal injury.	ase PRC from any liability or claim that volunteer may
nave against PRC with respect to bodily injury, personal injury, illnes with PRC, whether caused by the negligence of PRC or otherwise. It is	s, death, or property damage that may result from my Activities
responsibility for or obligation to provide financial assistance or other	is also understood that PKC does not assume any
nsurance in the event of injury, illness, death or property damage.	er assistance, including but not limited to medical, health or disability
Insurance I the volunteer understand that DDC date and assured	
2. Insurance. I, the volunteer understand that PRC does not carry o	or maintain health, medical, or disability insurance coverage for any
rolunteer. I expressly waive any such claim for compensation or liabi	ality on the part of PRC in the event of such injury or medical
Expense.	
3. Medical Treatment. I, the volunteer hereby release and forever	discharge PRC from any claim whatsoever which arises or may
nereafter arise on account of any first-aid treatment or other medical	al services rendered in connection with my Activities with PRC.
Assumption of Kisk. I, the volunteer understand that the time	with PRC may include activities that may be hazardous to me including,
out not limited to, construction activities, loading and unloading of h	leavy equipment and materials, transportation to and from work
ites, consuming food available or provided, and potential exposure	to hazardous materials. Also I, the volunteer, recognize and
inderstand that the time with PRC may, in some situations, involve i	nherently dangerous activities. As the volunteer, I hereby
expressly assume the risk of injury or harm in these activities and rele	ease PRC from all liability for injury, illness, death or property
lamage resulting from these activities and from my Activities at THE	PHILIPSBURG REVITALIZATION CORP. I further
icknowledge that I have read and that I understand the "Rules to Bu	ild By" I have been provided, and that I will adhere to those and to
ill instructions given to me by PRC.	
 Photographic Release. As the volunteer, I grant and convey un 	nto PRC all right, title, and interest in any and all photographic images
ind video or audio recordings made by PRC during my Activities with	PRC (the "Materials"), including, but not limited to, any
oyalties, proceeds, or other benefits derived from such photographs	s or recordings, and I grant PRC the unrestricted right and
permission to use the Materials for any lawful purpose whatsoever. I	waive any right of publicity or privacy I might have with respect
o such Materials.	
. Other. As the volunteer I expressly agree that this Release is inten	ided to be as broad and inclusive as permitted by the laws of the
commonwealth of Pennsylvania, USA, and that this Release shall be	governed by and interpreted in accordance with the laws of the
commonwealth of Pennsylvania, USA. I agree that in the event that a	any clause or provision of this Release shall be held to be invalid by
ny court of competent jurisdiction, the invalidity of such clause or p	rovision shall not otherwise affect the remaining provisions of this
elease, which shall continue to be enforceable. Further, a waiver of	
ther right.	and the interest was not protein the exchange of any
o express my understanding of this Release, I sign here.	
lame of Volunteer	Date
ignature of Volunteer	Witness
treet Address	Phone
ity, State Zip	Email
rganization	
mergency Contact	Phone
ledical Conditions	

redical Conditions

volunteer is 16 or 17 years of age (minor), this Release and Waiver of Liability must be signed by a parent or guardian.

ame of Parent/Guardian

Date

Witness