



# Badger Prairie Needs Network

## *RELEASE and WAIVER of LIABILITY*

**The Volunteer (and Guardian if under 18 years of age) hereby freely, voluntarily, and without duress execute the Release under the following terms:**

### **Waiver and Release**

I hereby release and forever discharge and hold harmless the Badger Prairie Needs Network (BPNN) 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 volunteering with BPNN.

I understand and acknowledge that this Release discharges BPNN from any liability or claim that I may have against BPNN with respect to any bodily injury, personal injury, illness, death, or property damage that may result from volunteering. I also understand that BPNN 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 or illness.

### **Medical Treatment**

I release and forever discharge BPNN from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my BPNN activities.

### **Assumption of the Risk**

I understand that the work with BPNN may include activities that may be hazardous, including, but not limited to: working in a commercial grade kitchen facility with hot surfaces and sharp edges; working with food items that may trigger an allergic reactions (peanuts, tree nuts, eggs, wheat, fish, shellfish, dairy, and soy); moving and lifting boxes and cans; movement on concrete floors that may be slippery; and other inherent dangers that exist in warehouse, commercial kitchen, and retail store operations. I acknowledge that BPNN cannot supervise all areas of the facility at all times and unsupervised work may result in injury.

I expressly and specifically assume the risk of injury or harm in these activities and release BPNN from all liability for injury, illness, death, or property damage resulting from activities while volunteering with BPNN.

### **Insurance**

I understand that, BPNN does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

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Volunteer Name (Please Print)

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Volunteer Signature

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Date

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Parent/Legal Guardian Name

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Signature

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Date