



## **Volunteer Waiver and Release of Liability**

I, hereby acknowledge and agree to volunteer my services at the Back-2-School Health Clinics, organized by Project LINK and the Back to School Coalition of Hillsborough County, located at various locations in Hillsborough County.

In consideration for being permitted to volunteer at the Back-2-School Health Clinics, I hereby waive, release, and discharge Project LINK, the Back to School Coalition of Hillsborough County, their officers, directors, employees, agents, representatives, successors, and assigns (collectively referred to as "the Released Parties") from any and all claims, demands, causes of action, damages, liabilities, or expenses (including attorneys' fees) that may arise out of or relate to my participation in the Back-2-School Health Clinics, including, but not limited to, personal injury, property damage, or loss.

I understand and acknowledge that volunteering at the Back-2-School Health Clinics may involve certain risks, including, but not limited to, physical injury or illness. I voluntarily assume all such risks and agree to release the Released Parties from any and all liability arising from or related to such risks.

I understand that I am not an employee of Project LINK or the Back to School Coalition of Hillsborough County, and I am not entitled to any compensation or benefits for my volunteer services. I further understand that I am responsible for my own actions while volunteering at the Back-2-School Health Clinics and agree to comply with all instructions and guidelines provided by the organizers.

I hereby certify that I am of legal age and competent to enter into this Volunteer Waiver and Release of Liability, and I voluntarily agree to its terms.

I have carefully read this Volunteer Waiver and Release of Liability and fully understand its contents.