



Open Door Art Studio

Release and Waiver of Liability for Volunteers

This Release and Waiver of Liability is executed on the date of signature listed below by the officers, employees and agents of Columbus Center for Human Services, Inc.

I, _____, the volunteer, hereby freely and voluntarily, without duress execute this Release under the following terms:

1. **Waiver and Release.** I hereby release and forever discharge and hold harmless the Columbus Center for Human Services, Inc. (hereafter referred to as CCHS) and its successors and assign from any and all liability claims, demands, and causes of action of whatever kind of nature, either in law or equity, which may hereafter arise from my participation with CCHS and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with CCHS.

I understand and acknowledge that this Release discharges CCHS from any liability or claim that I may have against CCHS, from any liability or claim that I may have against CCHS with respect to any bodily or other injury, illness, death or property damage that may result from my participation. I also understand that CCHS does not assume any responsibility or obligation to provide financial assistance or other assistance including but not limited to medical, health, disability insurance, in the event of injury, illness, death, or property damage.

2. **Insurance.** I understand that CCHS may elect to provide group accident or other liability insurance for the benefit of its volunteers. Any coverage so provided will be governed by the policy language. Except to the extent that it may provide insurance, CCHS does not carry or maintain any health, medical, disability, damage, or other liability insurance coverage for the benefit of its volunteers, and expressly disclaims any responsibility or obligation to do so. **AS A VOLUNTEER, I AM EXPECTED AND ENCOURAGED BY CCHS TO MAINTAIN MEDICAL, HEALTH, AND ALL OTHER APPLICABLE INSURANCE COVERAGE FOR MY BENEFIT AND THE BENEFIT OF FAMILY MEMBERS.**
3. **Medical Treatment.** Except as otherwise agreed to by CCHS in writing, I hereby release and forever discharge CCHS from any and all liability claims, demands, and causes of action whatsoever that may arise on account of any first aid or other medical treatment rendered during my participation with CCHS and/or any project, activity, or event sponsored, managed, arranged, or promoted by. Or otherwise affiliated or associate with CCHS.
4. **Assumption of Risk.** I understand that my participation with CCHS and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated with CCHS may include activities that may be hazardous to me. I further recognize and understand that such participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release CCHS from all liability for injury, illness, death, and/or property damage that may result.
5. **Photographic Release.** I do hereby grant and convey unto CCHS all rights, titles, and interest in and to any and all photographic images and video or audio recording made by or on behalf of CCHS or made with its consent, during my participation with CCHS and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with CCHS, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
6. **Other.** I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. I agree that in he event that any clause or provision of this Release shall be held as invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the provisions of this Release.

By signing below, I acknowledge that I have read and understand this Release and agree to its provisions.

Volunteer Signature

Date

Signature of Parent/Guardian

Date