

**Kandiyohi County Area Family YMCA  
Volunteer Waiver and Release from Liability**

**Volunteer Status Acknowledgement**

I understand that, as a volunteer, I am in no way, shape or form an employee of the Kandiyohi County Area Family YMCA. I understand and agree that I will not receive any compensation or benefit for my participation in volunteer activities, nor will I be eligible for any coverage under the Workers' Compensation laws of Minnesota.

**Acknowledgment of Risk**

I hereby acknowledge and agree that participation in volunteer activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with volunteer activity participation, including but in no way limited to: (1) slips, trips, and falls, (2) lifting injuries, (3) athletic injuries, and (4) illness, including exposure to or infection with viruses or bacteria, whether COVID-19 or others. I further acknowledge that the preceding list is not inclusive of all possible risks associated with volunteer participation and that said list in no way limits the operation of this Agreement.

**Coronavirus / COVID-19 Warning & Disclaimer**

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in [insert organization] programs or accessing [insert organization] facilities could increase the risk of contracting COVID-19.** [Insert organization] in no way warrants that COVID-19 infection will not occur through participation in [insert organization] programs of accessing [insert organization] facilities.

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Initial

**Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of my participation as a volunteer with the Kandiyohi County Area Family YMCA, I, \_\_\_\_\_, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the Kandiyohi County Area Family YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the Kandiyohi County Area Family YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Kandiyohi County Area Family YMCA facilities/equipment or participation in Kandiyohi County Area Family YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees

In consideration of my participation in volunteer activities, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation in volunteer activities.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in participation in volunteer activities and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in volunteer activities and that by signing this agreement I HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in volunteer activities. I also acknowledge that I have had the opportunity to consult with legal counsel regarding this agreement.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_