Release and Waiver of Liability For Volunteer Services at Goshen Farm

Please read carefully before signing

I,the activities I will be participating in strictly voluntary. I understand that t Education has not inspected this prowhether any unsafe hazards or cond	he Anne Arundel County Board of operty, and does not know ditions exist. I am aware that
risks may be involved, and that unardangers may arise during this volunal risks of injury to my person or pro-	tary activity. I agree to assume
I further agree to release and discharge Board of Education, its employees, a Goshen Farm Preservation Society, or agents from any liability for injurie result of my participation in this activation.	agents, or servants, and the Inc., and its officers, members, as or loss sustained by me as a
I, for myself, my heirs, and executor harmless the Anne Arundel County employees, agents, or servants, and Society, Inc., and its officers, member or claims and damages I may have	Board of Education, its the Goshen Farm Preservation ers, or agents against any rights
I further understand and acknowledge considered employment, that I will not that I am not a volunteer aide, stude the purposes of Workers' Compensation agree that any injury which may occur the Anne Arundel County Board of Engloyment and will not be conside Maryland Workers' Compensation L	ot be paid for participating, and ent teacher, or student intern for ation. I further acknowledge and our shall not be considered by me, Education, or the Goshen Farm out of or in the course of red under the provisions of the
Print Name	 Date
Signature (if under 18, a parent or guardian must sign)	