

## Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on \_\_\_\_\_ (date) by \_\_\_\_\_, (Cadet) releases \_\_\_\_\_, ("E Fusion Solutions, Inc"), a nonprofit corporation organized and existing under the laws of the State of North Carolina and each of its directors, officers, employees, volunteers and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Nonprofit.

- Waiver and Release: I, the \_\_\_\_\_, (the Cadet) release and forever discharge and hold harmless Nonprofit and its successors, agents and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services provided by the Nonprofit or its agent(s). I understand and acknowledge that this Release discharges Nonprofit and agents from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may occur while receiving services.
- Insurance: Further I understand that the Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit.
- Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency.
- Other: I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina and that this Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature (Or parent/guardian if under 18)

Date