

**SAN IGNACIO HEIGHTS, INC
LANDSCAPE VOLUNTEER WAIVER**

Volunteer Name: (Please Print) _____

Address: _____ Date of Birth: ____/____/____

I, _____, desire to work as an unpaid volunteer for
(Volunteer Name)

San Ignacio Heights, Inc. (SIH) and engage in activities related to being a volunteer to work on landscape projects for SIH. **I hereby voluntarily execute this Volunteer Waiver under the following terms:**

I understand that this waiver discharges SIH from any liability or claim that I, the Volunteer, may have against SIH with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on SIH work site or temporary work sites. I also fully understand that SIH does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of SIH beyond what may be offered freely by the representative of SIH in the event of such injury or medical expense.

I hereby release SIH, its officers, affiliates, and assigns, from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my volunteer work with SIH.

I understand that my work with SIH may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release SIH from all liability for injury, illness, death, or property damage resulting from the activities of my work with SIH.

I expressly agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Arizona in the United States of America, and that this waiver shall be governed by and interpreted in accordance with the laws of the State of Arizona. I agree that in the event that any clause or provision of this waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Release which shall continue to be enforceable.

Signature _____ Date: ____/____/____