

Thank you for volunteering with Second Chance Bikes today. We greatly appreciate your assistance and commitment to providing affordable, reliable transportation options for people in our community. We are recording volunteer hours for our records. This is an annual form where you agree to release Second Chance Bikes of all liability while working with Second Chance Bikes. **This form is in effect for one year from the signing date.**

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____ 20____, by _____ (the "Volunteer") in favor of Second Chance Bikes, a South Carolina nonprofit corporation, their directors, officers, employees, and agents (collectively, "SCB").

The Volunteer desires to work as a volunteer for Second Chance Bikes and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include building, disassembling, or repairing bicycles, other work in SCB's warehouse, parking bicycles at festivals, participating in special events and fundraisers, and repairing or delivering bicycles off-site.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver: Volunteer does hereby release and forever discharge and hold harmless SCB and its successors 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 Volunteer's Activities with SCB.

Volunteer understands that this Release discharges SCB from any liability or claim that the Volunteer may have against SCB with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities with SCB, whether caused by negligence of SCB or its officers, directors, employees, or agents or otherwise. Volunteer also understands that SCB 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 or illness.

Medical Treatment: Volunteer does hereby release and forever discharge SCB from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with SCB.

Assumption of the Risk: The Volunteer understands that the Activities includes work that may be hazardous to the Volunteer, including, but not limited to, bicycle repair, loading and unloading, and construction.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance: The Volunteer understands that, except as otherwise agreed to by SCB in writing, SCB does not carry or maintain health, medical, or disability insurance for any Volunteer.

Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release: Volunteer does hereby grant and convey unto SCB all rights, title, and interest in any and all photographic images and video or audio recordings made by SCB during the Volunteer's Activities with SCB, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of South Carolina and that this Release shall be governed by and interpreted in accordance with the laws of the State of South Carolina. Volunteer agrees that in the event that any clause or provision of this Release 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 this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer Name (Print Please) : _____

Volunteer Signature: _____

Today's Date: - _____

Volunteer Address: _____

Phone number where you are most easy to reach:

Email : _____

Group/Organization: (if applicable) _____

******* If the volunteer is under the age of 18 a parent or legal guardian must sign.*******

Parent Signature: _____ (if 18 or under)

In case of emergency, please contact:

Name _____

Relation _____

Address _____

Phone _____