

VOLUNTEER LABOR WAIVER FORM

Date: _____

To Whom It May Concern:

I, the undersigned _____ [print
name] have agreed to _____:

I agree to _____ not to sue
employees, agents, directors, managers,
including without limitation _____ damages or expenses,
performed with respect to _____ arising out of any work

Without limiting the _____ compensated for lost
wages or any other _____ working as a volunteer
laborer, nor will I have _____ liability insurance that
may be carried by _____ [insurer], its directors,
managers, agents or _____

I confirm that I am _____ understand this Waiver
prior to signing it _____ executors, next of kin,
executors, administrators _____

Signature of Witness

Print Name of Witness

Phone Nos.

Phone Nos.