



VOLUNTEER AGREEMENT & RELEASE FROM LIABILITY FORM (PLEASE PRINT)

Volunteer Name: _____ (Must be 18 years of age or older)
Volunteer Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
Email address: _____

This Assumption of Risk and Release Agreement (“Release”) is made by me, the undersigned participant, as of the date set forth below, as follows:

1. I have voluntarily applied to the Nolensville Historical Society (NHS) and to Walter T. Dugger and Linda Bratt Dugger (Owners) to participate in the deconstruction, reconstruction, and restoration of the Morton-Brittain home (MBH) located at 9927 Sam Donald Court, Nolensville, TN. 37135.
2. As consideration for being permitted by NHS and the Owners to participate in these activities and use their tools and facilities, I agree that neither I nor my assignees, heirs, distributees, guardians or legal representatives will make any claim against, sue, or take any other action against NHS or the Owners, for injury or damage to me, my property or to any other person or property, resulting from or arising out of my participation in any NHS or Owner activities, whether caused by or resulting from the negligence or other acts or omissions of NHS or the Owners.
3. I release NHS and the Owners from all actions, claims, or demands that I or my assignees, heirs, distributees, guardians and legal representatives now have or may hereafter have for injury or damage resulting from my participation in NHS or Owners activity.
4. I understand that NHS and the Owners do not carry or maintain health or disability insurance coverage for any volunteer. I release and forever discharge NHS and the Owners from any action, claim or demand whatsoever which arises or may hereafter arise on account of any first aid or medical treatment rendered to me. I understand that each volunteer is expected to have adequate health insurance coverage in effect at all times while participating in any NHS or Owners activities.
5. This Release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee. I understand that I may later discover claims, facts, actions, losses or damages and it is my intention to fully and completely waive and release NHS and the Owners from all such unknown matters and claims. This Release shall be governed by and interpreted in accordance with the laws of the State of Tennessee. If any clause in this Release is made 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.
6. I AM AWARE THAT DECONSTRUCTION, CONSTRUCTION AND RESTORATION ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN NHS AND OWNERS ACTIVITIES WITH FULL KNOWLEDGE OF THE DANGERS INVOLVED AND THAT MEDICAL FACILITIES MAY NOT BE AVAILABLE IN THE EVENT OF INJURY TO ME. I ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

7. I hereby agree that NHS and the Owners may use my photographic image or likeness taken from my participation in any NHS or Owners activities for any purpose including for use in promotional materials and on the Internet.

I have carefully read this agreement and I fully understand its contents. I am aware that this is a release of liability and a contract between me and NHS and the Owners. I am signing this document on my own free will.

Participant Signature: _____ Date: ____ / ____ / ____ 2/1/2019