

Fox Hollow Village Property Owners Association, Inc Release and Waiver of Liability for Volunteers

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, 20____, by _____ (the "Volunteer") and Fox Hollow Village Property Owners Association, Inc. (FHVPOA) including their directors, officers, employees, and agents. The Volunteer desires to work as a volunteer for FHVPOA and engage in activities that support the Board of Directors (BOD) and/or any of the various Committees sanctioned by the BOD.

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

1. **Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless FHVPOA and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities for FHVPOA. Volunteer understands that this Release discharges FHVPOA from any liability or claim that the Volunteer may have against FHVPOA with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities whether caused by the negligence of FHVPOA or its officers, directors, employees, or agents or otherwise. Volunteer also understands that FHVPOA 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.
2. **Medical Treatment.** Volunteer does hereby release and forever discharge FHVPOA 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.
3. **Assumption of the Risk.** The Volunteer understands that the Activities may include work that may be hazardous to the Volunteer. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the executing such Activities and releases FHVPOA from all liability for injury, illness, death, or property damage resulting from the Activities.
4. **Insurance.** The Volunteer understands that FHVPOA does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.
5. **Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. 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.

Witness: _____

Volunteer: _____