

Children's Museum of NH (CMNH)
Volunteer Emergency Contact and Release

Feel free to fill and print this form and bring with you to the museum on your first volunteer day, but do NOT sign it until you are with a staff member who can witness your signature.

Today's Date _____

Volunteer First & Last Name: _____

Volunteer Address (Street, City, State & Zip): _____

Volunteer Cell Phone _____ E-mail _____

Any allergies, medications, or other information needed in an emergency:

In case of an emergency, contact: Name: _____

Relationship to Volunteer: _____

Emergency Contact Address: _____

Emergency Contact Cell Phone: _____

Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 20__, by _____ (the "Volunteer") in favor of The Children's Museum of New Hampshire, a nonprofit corporation, and its directors, officers, employees, and agents. The Volunteer desires to work as a volunteer for the Children's Museum of New Hampshire (CMNH) and engage in the activities related to being a volunteer for CMNH "Activities". The Volunteer understands that the Activities may include actions that may be hazardous to me such as bending and lifting CMNH supplies and/or equipment, exposure to contagious diseases like, but not limited to, COVID-19, and that such exposure may result in personal injury, illness, permanent disability, and death.

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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 the Children's Museum of New Hampshire and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Volunteer's Activities with the Children's Museum of New Hampshire.

VOLUNTEER UNDERSTANDS THAT THIS RELEASE DISCHARGES THE CHILDREN'S MUSEUM OF NEW HAMPSHIRE FROM ANY LIABILITY OR CLAIM THAT THE VOLUNTEER MAY HAVE AGAINST CMNH WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM VOLUNTEER'S ACTIVITIES WITH CMNH, WHETHER CAUSED BY THE NEGLIGENCE OF CMNH OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. VOLUNTEER ALSO UNDERSTANDS THAT CMNH 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 CMNH 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 CMNH.
3. **Assumption of the Risk.** The Volunteer understands that the Activities may involve work that may be hazardous to the Volunteer, including, but not limited to, bending and lifting CMNH supplies and/or equipment, and exposure to contagious diseases like, but not limited to, COVID-19. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities, and releases CMNH from all liability for injury, illness, death, or property damage resulting from the Activities.
4. **Insurance.** The Volunteer understands that, except as otherwise agreed to by CMNH in writing, CMNH 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. **Photographic & Video Release.** Volunteer does hereby grant and convey unto CMNH all right, title, and interest in any and all photographic images and video or audio recordings made by CMNH during the Volunteer's Activities with CMNH, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
6. **Compensation.** Volunteers understand that the scope of a volunteers' relationship with The Children's Museum of New Hampshire is limited to a volunteer position, and that no compensation is expected in return for services provided by the volunteer.
7. **Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New Hampshire, and that this Release

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shall be governed by and interpreted in accordance with the laws of the State of New Hampshire. Volunteer also 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 written name: _____

Volunteer signature: _____

Witness written name: _____

Witness signature: _____

Signature of Guardian of Volunteer (if under 18): _____