

VOLUNTEER AGREEMENT 2019
THE PROMISED LAND CAMP

I, _____, hereby Release and Waive liability against the Promised Land Camp, a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I, myself, or my dependent may suffer in connection with any volunteer work for the Promised Land Camp. I acknowledge that as a volunteer I must provide my own health insurance to cover any injuries or illness that I may suffer in connection with any volunteer work for the Promised Land Camp. Further, I agree that the Promised Land Camp is not liable for any damage to my property or my dependent's property resulting from volunteer work for Enable. I agree that this release is as broad and inclusive as the Commonwealth of Pennsylvania allows.

Signature of Volunteer

Date

Signature of Parent if under 18

Date