

**Unity Farm Sanctuary Inc**

17 Unity Lane

Sherborn MA 01770

[Volunteer@unityfarmsanctuary.org](mailto:Volunteer@unityfarmsanctuary.org)

508-848-8368

**Release and Waiver of Liability rev. 2.02**

Please read carefully! This is a legal document that affects your legal rights!

This Release and Waiver of Liability (the "release") executed on

\_\_\_\_\_ by \_\_\_\_\_ ("Volunteer") or parent \_\_\_\_\_  
(date) (Volunteer name) (Parent name)

releases Unity Farm Sanctuary, Inc ("Nonprofit"), a nonprofit corporation organized and existing under the laws of the State of Massachusetts and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to being a volunteer (the "Activities").

Volunteer understands that the scope of Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer, that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer, and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Nonprofit.

**WARNING**

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of chapter 128 of the General Laws

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit 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 hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claims for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of such injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.

4. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.
5. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Massachusetts and that this Release shall be governed by and interpreted in accordance with the laws of the State of Massachusetts. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.
6. **I acknowledge that I have completely read and understood the Unity Farm Sanctuary Volunteer Manual, and that I will read any new revisions.**

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
(Parent's Signature and Name \*\*\*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*\*\*If a volunteer is under the age of 18, a parent or legal guardian must sign and print their name.

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact:

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Allergies or medical issues (if relevant to volunteering) \_\_\_\_\_

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