

ADULT VOLUNTEER RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

I, _____, hereby waive and discharge Philly Community Wireless ("PCW"), a fiscally sponsored project of the Movement Alliance Project ("MAP"), its backhaul provider, PhillyWisper ("PW"), and each of its directors, officers, employees, and agents (collectively "PCW") from all liability as a result of my participation as a volunteer for PCW, whether caused by negligence or otherwise. PCW is a collective impact initiative consisting of allied community organizations based within and surrounding the neighborhoods of Fairhill and Kensington.

1. No Employment. I understand that, as a volunteer with PCW, I will not receive any compensation for any activities I undertake as a volunteer with PCW, and that PCW will not provide any benefits traditionally associated with employment to me.

2. Assumption of Risk, Waiver and Release: I understand that accidents, with fatalities, serious bodily injury and/or property damage can occur while I am a volunteer with PCW, as a result of negligence or otherwise. I understand that: (a) I am under no obligation to perform any activities as a volunteer with PCW; (b) I am solely responsible for choosing the activities I undertake as a volunteer with PCW; and (c) I should not engage in any activities for which I lack sufficient training or skills to recognize and manage the risk associated with the activities. Knowing the risks involved, I nevertheless expressly agree to assume those risks and I release and forever discharge and hold harmless PCW 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 the activities as a volunteer with PCW, including claims arising out of negligence. I understand and acknowledge that this release fully discharges PCW from any liability or claim that I may have against PCW with respect to bodily injury, personal injury, illness, death, or property damage that may result from the activities I undertake as a volunteer with PCW.

3. Medical Treatment and Insurance: I understand that I am solely responsible for my own insurance coverage in the event of personal injury, illness, death or property damage while I am a volunteer with PCW. I give my consent for PCW to provide, administer, or obtain medical treatment for me. I, hereby release and forever discharge PCW 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 while I am a volunteer with PCW.

4. Interpretation and Enforceability: I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Pennsylvania and that this Release shall be governed by and interpreted in accordance with the laws of the State of Pennsylvania. 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.

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

Signature

Date

Print Name