



MEMPHIS MEDICAL DISTRICT COLLABORATIVE

Volunteer Liability Release Form

In consideration of my desire to serve as a volunteer with the Memphis Medical District Collaborative (MMDC), I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any volunteer activities.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge MMDC and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer relief efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Tennessee, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Date: _____ Signature: _____ Print Name: _____

Date: _____ Signature: _____ Parent/Legal Guardian: _____