

Lake Ballinger Village Association of Apartment Owners

Community Work Party Volunteer Liability Waiver and Release Form

Event Description:

Volunteer Community Work Party to improve common areas of Lake Ballinger Village (e.g., landscaping, cleaning, light repairs, painting, etc.)

Event Date(s): _____

Location:

Lake Ballinger Village, Mountlake Terrace, Washington

WAIVER AND RELEASE OF LIABILITY

By signing below, I acknowledge and agree to the following:

1. Voluntary Participation

I am voluntarily participating in the community work party event organized by the Lake Ballinger Village Association of Apartment Owners (the "Association"). I understand that this is a volunteer activity, and I am not entitled to compensation or insurance coverage for participation.

2. Assumption of Risk

I understand that the volunteer work may involve physical activity and potential risks, including but not limited to slips, trips, falls, lifting injuries, contact with tools or equipment, exposure to environmental conditions, and other hazards. I acknowledge that I am participating at my own risk and accept full responsibility for any injury, illness, damage, or loss that may result from my participation.

There will be no climbing on roofs, no plumbing and / or electrical work, no work that would require a professional license to do business.

3. Release and Waiver

To the fullest extent permitted by law, I hereby release, waive, discharge, and hold harmless the Lake Ballinger Village Association of Apartment Owners, its officers, directors, board members, employees, representatives, and agents (collectively, the "Released Parties") from any and all liability, claims, demands, causes of action, or legal proceedings arising from or related to any injury, illness, death, or property damage that I may suffer as a result of participating in the community work party.

4. Insurance Disclaimer

I understand and agree that the Association does not provide personal health or accident insurance for volunteers and that any medical costs or expenses arising from an injury or incident are my sole responsibility.

5. Medical Condition

I affirm that I am in good health and physically able to participate in the activities of the community work party. I agree to immediately stop participation if I feel unsafe or unable to continue.

6. Binding Effect

This waiver and release shall be binding upon me, my heirs, executors, legal representatives, and assigns.

Volunteer Information & Acknowledgment

I have read this waiver and release in its entirety. I understand its terms and agree to be bound by it. I understand that by signing this document, I am giving up certain legal rights, including the right to sue the Association or make a claim against its insurance policy for injuries or damages arising from my participation.

Printed Name: _____

Address (Unit): _____

Phone Number: _____

Signature: _____

Date: _____