



Volunteer Application & Waiver Form

Volunteer Name: _____

Confirm if the age is over 18 years old.

Active Email (*required*): _____

Active Phone Number: _____

Current Address: _____

Occupation: _____

Emergency Contact

Name: _____

Contact Relationship: _____

Phone Number: _____

Do you wish to receive newsletters from Batiti.org?

Do you wish to receive newsletters from Educate Simplify?

IMPORTANT:

**VOLUNTEERS MUST COMPLETE
THE APPLICATION AND WAIVER FORM**

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ONLY 18 YEARS OLD & ABOVE ARE ALLOWED

Batiti Ground, Inc.

batiti.ground.main@gmail.com

AGREEMENT POLICY

In return for being allowed to participate in Batiti Ground, Inc. volunteer activities and all related activities, including any activities incidental to such participation (“Volunteer Activities”), the undersigned Volunteer (hereafter referred to using “I”, “me”, or “my”) releases and agrees not to sue the Batiti Ground, Inc. or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates (“the Organization”) from all present and future claims that I may make, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the Organization are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I voluntarily participate in the Volunteer Activities with knowledge of the danger involved and agree to accept all risks of participation.

I also agree to indemnify and hold harmless the Organization for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that the Organization have not arranged and do not carry any insurance of any kind for my benefit, my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS TERMS.

I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING BELOW, AND HAVE SIGNED FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, REPRESENTATION, OR GUARANTEE BEING MADE TO ME AND MY INTEND SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

(Signature of Volunteer)

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.