



Mailing address:
4108 Summerdale Drive
Tampa, FL 33624
(813) 962-7292

LIABILITY WAIVER FORM

I, _____, ("Volunteer Worker") am fully aware that certain risks and hazards are inherent in the service activities upon which I will engage while at the property located at:

("Property") and fully accept these risks. These risks include but are not limited to injury and other threat of physical harm to myself and others and damage to or theft of personal property. As a condition being permitted to perform the service activities at the Property, I, to include any family member, spouse, and any person claiming by or through me, agree to release the owner(s) of the property from all liability, costs and damages, which may arise from the provision of the services activities at the Property. In signing this release, I acknowledge and represent that I have read the foregoing, understand it, and sign it voluntarily and without relying on any oral or written representations not set forth herein.

Signature

Date

Print Name

Witness Signature

Date

Witness Printed Name

Operation LEND A HAND; Inc is recognized by the IRS as a 501 (c)(3) tax-exempt organization. Our EIN number is 85-1959484. Please retain this letter for your tax records and consult with your tax advisor regarding the deductibility of your contribution