

Fairfax County Cemetery Preservation Association, Inc.

Volunteer Release Form

I, _____, understand that the Fairfax County Cemetery Preservation Association (FCCPA) is a non profit organization, made up of volunteers who perform community services. I will receive no pay or other advantages in exchange for donating my time. I recognize that risks or injury may occur while performing these volunteer services for the FCCPA. I agree to use ordinary care in performing as a volunteer for the FCCPA in order to mitigate these risks.

In consideration of my right to participate as a volunteer for the FCCPA, and recognizing the benefits that I may derive from such participation, I do hereby assume all risks and do hereby release and hold harmless the FCCPA, its directors, officers and members. I also agree to hold the FCCPA harmless from any and all claims for damages resulting from personal injury, death or property damage which may be caused by or result from my negligence.

I have read this release statement carefully and fully understand all of its contents and legal effect, and have signed it voluntarily and of my own free will. I further intend that this release be deemed contractual in nature and that it is binding upon my heirs, legal representatives, and assigns.

_____ NAME (PRINT)	
_____ SIGNATURE	_____ DATE
_____ ADDRESS and PHONE NUMBER	
+++++	
Parent's or Guardian's Signature (If volunteer is under 18)	
_____ SIGNATURE	_____ DATE