



Human Resources  
Post Office Box 1809 Lancaster, SC 29721

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Waiver and Release of All Claims  
Lancaster County

VOLUNTEER/ACTIVITY \_\_\_\_\_

Please read this form carefully and be aware that in participating (volunteering) you will be waiving and releasing all claims for injuries you might sustain, arising out of this activity.

As a participant/volunteer, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, or loss which I may sustain as a result of participating in any and all activities connected with or associated with this activity. I further understand that worker's compensation does not apply since I am not an employee of the County.

I hereby declare that we waive all claims of whatsoever kind or nature against the County and its officials, officers, agents, employees and volunteers from any injuries, including death, damage or loss which I may incur or may accrue to me on account of participation in these activities.

I have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment of the rights hereby waived.

Volunteer Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Parent/Guardian Signature (if under age of 18)

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Any volunteer under 18 years of age should be personally approved by Risk Manager to insure all OSHA Youth rules are applied.

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