## **Agreement and Waiver**

7.8.00
Introduction: This agreement is between the King's Deer Homeowners Association, Inc. (the "Association") and you,the volunteer.
<b>Background:</b> The Association is responsible for maintaining and repairing common areas within the King's Deer community. You, as a volunteer, are either an owner of a lot or a resident within the community and have offered to help with various projects and initiatives.
Volunteer Services:
Your services are voluntary and unpaid.
Your services are not a substitute for any assessments or other amounts owed to the Association.
You must comply with all the Association's governing documents.
Ending the Agreement:
<ul> <li>Either you or the Association can decide to stop the voluntary services at any time.</li> </ul>
Competence and Understanding:
<ul> <li>You should only undertake services you are competent to provide.</li> </ul>
<ul> <li>You fully understand the nature of the services, can evaluate the risks, and are physically able to perform them.</li> </ul>
Insurance and Liability:
<ul> <li>You are not an employee of the Association and there is no workers' compensation insurance coverage available.</li> </ul>
<ul> <li>You are responsible for your own medical insurance and will not seek lost wages or other reimbursement for any volunteer-related injury.</li> </ul>
<ul> <li>You agree to release, waive, indemnify, defend, and hold harmless the Association and its members from any claims or damages related to your volunteer services.</li> </ul>
Assumption of Risk:
<ul> <li>You assume all risks associated with providing the services, whether caused by the Association or any other person.</li> </ul>
Personal Performance:
<ul> <li>You will personally perform the services and will not allow anyone else to do so unless approved by the Board of Directors.</li> </ul>
Contact Information:
<ul> <li>Please provide your name, email, phone number, address, date of birth (if under18), and emergency co ntact information.</li> </ul>
Volunteer Name: (Printed)
• Email: Phone:
• Address:
• City:State:Zip:
Date of Birth:/(only needed if under 18 years of age)
Emergency Contact: Phone:
Signatures:
Volunteer Signature: Date:

Date: \_

Association Representative: \_\_\_\_