



Intern, Preceptor or Volunteer (IPV) Release and Waiver of Liability: Lucas County Children Services

This Release and Waiver of Liability executed on (date) _____ by (name of IPV*) _____, hereafter referred to as "IPV," releases Lucas County Children Services, hereafter referred to as "LCCS," from all liability related to my relationship with LCCS, as specifically set forth below.

IPV desires to provide services for LCCS and engage in activities serving as a Intern Preceptee Volunteer (staff check appropriate box) as a _____ (insert title of IPV services, such as "parent partner mentor," "parent partner facilitator," "public information - recruiting," "intern/student," intern, preceptee, etc.)

IPV understands:

1. That the scope of his/her relationship with LCCS is limited to a IPV position;
 2. That no compensation is expected in return for services provided by the IPV;
 3. That LCCS will not provide any benefits traditionally associated with employment to the IPV; and that;
 4. The IPV is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of his or her services to LCCS.
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1. Waiver and Release: I, the IPV, release and forever discharge and hold harmless LCCS from all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to LCCS. I understand and acknowledge that this Release discharges LCCS from any liability or claim that I may have against LCCS with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to LCCS or occurring while I am providing IPV services.
 2. Insurance: Further, I understand that LCCS does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, workers compensation or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of LCCS.
 3. Medical Treatment: I hereby release and forever discharge LCCS from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as an IPV with LCCS.

4. Assumption of Risk: I understand that the services I provide LCCS may include activities that may be hazardous to me including, but not limited to:
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(Fill in here any specific known dangerous activity) involving inherently dangerous activities. As an IPV, I hereby expressly assume the risk of injury or harm from these activities and release LCCS from all liability for injury, illness, death or property damage resulting from the services I provide, or while I am providing services as an IPV.

5. Photographic Release: I grant and convey to LCCS all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by LCCS in connection with my providing IPV services to LCCS.
6. Other: As an IPV, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Sate of Ohio and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By my signature below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature (IPV)

Date

**If a volunteer is under the age of 18, a parent or legal guardian must sign.*

If Volunteer is a minor, Parent//Guardian agrees to all of the above provisions on behalf of minor child by signature below:

Signature (Legal Guardian if applicable)

Date