

VOLUNTEER DRIVER WAIVER & RELEASE OF LIABILITY FORM

This Waiver & Release of Liability is executed on this _____ day of _____, 2021 by _____ (the "Volunteer"). The Volunteer desires to work as a volunteer for Luzerne County and engage in the activities related to being a volunteer. The Volunteer does hereby freely, voluntarily, and without duress execute this Waiver & Release of Liability agreeing to the following terms:

- 1. I understand that as a volunteer driver, my personal auto insurance will be the policy responsible for any accidents or incidents that involve my vehicle, including those that occur while I as serving as a volunteer driver for Luzerne County.**
- 2. I understand that Luzerne County does not furnish any insurance for the protection of its volunteer drivers for any claim or suit that may be made against its volunteer drivers arising out of the operation of a personally owned vehicle; nor is any insurance provided by Luzerne County to repair damage that may occur to a personally owned vehicle.**
- 3. I hereby release and forever discharge and hold harmless Luzerne County and its respective administrators, directors, agents, officers, volunteers, and employees from all liability, claims and demands of whatever kind or nature which arise or may hereafter arise from the Volunteer's work for Luzerne County.**
- 4. INDEMNITY: I agree to indemnify Luzerne County against all claims, losses, damages, and expenses, including legal fees, which Luzerne County may incur as a result of the use of my vehicle on behalf of Luzerne County.**

Signature of Driver

Date

Printed Name