

Adair County SB40 Developmental Disability Board
AmbassaDDAIRship Agreement and Waiver

I, _____, hereby forever release Adair County SB40 (the “Agency”), its affiliated and related entities, and the directors, officers, employees, agents, attorneys, and assigns of any of them, and any person or entity acting by, through, or in concert with any of them, from any and all claims and liabilities in connection with, or as the result of, an automobile accident or any other accident or occurrence that results in bodily harm and/or property damage.

I have received and read the Agency AmbassaDDAIR policies and understand that it is my responsibility to comply with the policies contained therein.

I understand that this position is an unpaid volunteer position and I am not eligible for benefits. I also understand that I am not guaranteed any future employment.

I have read the above and certify that I am at least eighteen (18) years of age and have signed this AmbassaDDAIR Agreement and Waiver as my free act and deed. This AmbassaDDAIR Agreement and Waiver does not alter the at-will nature of my relationship with the Agency which may be terminated at any time with or without cause or notice by either the Agency or myself.

Volunteer Signature

Date