



# LYNN INSTITUTE

## **VOLUNTEER ACKNOWLEDGEMENT AND GENERAL RELEASE (MINOR)**

I hereby certify that I am the adult parent or guardian of \_\_\_\_\_ (“Minor”), a minor child under the age of eighteen (18) years, and I acknowledge the Minor is a volunteer for the Thomas N. Lynn Institute for Healthcare Research, Inc. (the “Lynn Institute”, which term shall include any officers, directors, agents, employees of Lyn Institute) and has agreed to assist in installing and/or maintaining garden/landscape improvements at Lynn Institute Community Garden at Chesapeake located generally between Northwest 62<sup>nd</sup> Street and Northwest 61<sup>st</sup> Street and immediately east of North Shartel Avenue, Oklahoma City, Oklahoma (the "Property" or "Site"). I consent to Minor’s participation as stated herein. I acknowledge I am not an employee of, nor under any employment contract with, the Lynn Institute to perform work at the Site. I further acknowledge the Property is a non-smoking facility on all indoor and outdoor locations on the Property, including, without limitation, cigarettes, cigars, pipes and vaping. I acknowledge that Minor has no physical or other impairments that prevent or limit him/her from performing such volunteer work. I understand this activity may involve strenuous physical exertion and carries inherent risks, including, but not limited to, property damage, personal injury, or death, and Minor can avoid these inherent risks by not participating. I understand factors beyond my or Minor’s control, including negligence, may affect my safety and well-being. In signing this Volunteer Acknowledgement and General Release Form, I acknowledge that Minor will not be under the care and control of Lynn Institute and the Lynn Institute cannot guarantee his/her safety, and I agree to permit Minor to participate willingly and I assume all risks, regardless of the cause of such injury, including, without limitation, the negligence of the Lynn Institute or any contractor of Lynn Institute with equipment, materials, and/or personnel on the Site.

If injured, I will rely solely on my own insurance or resources to cover any medical bills or other expenses or losses. I understand no workers’ compensation or third-party insurance will be available to me or Minor.

I hereby release Lynn Institute, and their officers, agents, employees, affiliates, successors, and assigns, from any and all liability for any claims or losses I or Minor now have, ever had, or may ever have, related to any activity associated with Minor’s volunteer activities at the Location.

*[Signature page immediately following]*

I \_\_\_\_\_ (Parent/Legal Guardian/Custodian name), executes this document on behalf of myself and the named Minor. I bind myself, Minor, and our respective successors, heirs, assigns, executors, administrators, and anyone else acting on either of our or our estates' behalf to the terms of this Agreement. I represent that I have legal capacity and authority to act for and on behalf of the named Minor.

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Parent/Legal Guardian/Custodian Signature

Date: \_\_\_\_\_