



VOLUNTEER WAIVER AND RELEASE OF LIABILITY

1. Voluntary Participation: I acknowledge that I am age 18 or older and that I have voluntarily applied to assist Coalfield Development. I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by Coalfield Development, and that I will not be eligible for any Workers Compensation benefits.

2. Liability Release: In consideration of the opportunity afforded me to assist in this Project, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against Coalfield Development, or any affiliated organizations, or either of their officers or directors collectively or individually, or the supplier of any materials or equipment that is used by the Project, or any of the volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation in the Project. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to me, or damage to my property, sustained in connection with my participation in the Project. I further release and forever discharge Coalfield Development from any claim whatsoever which arises or may hereafter arise on account of any first aid treatment or other medical service rendered in connection with an emergency during participation as a volunteer with Coalfield Development.

3. Photographic Release: I consent to the unrestricted use by Coalfield Development, and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me.

4. Coalfield Development Statement of Mutual Intent: By signing this form, I affirm my support for the objectives of Coalfield Development as outlined in their Statement of Mutual Intent, which was explained to me by Coalfield Development staff today.

Signature and Date

Address

Print Name (First, Last)

City, State, Zip

Title

Phone

Company/Organization

Email