

Volunteer Liability Waiver and Release Form

Please read this document carefully. This document affects your legal rights. By signing this document, you are waiving certain legal rights and releasing the organization from liability.

Volunteer Information

Full Name:

Address:

City: State: Zip Code:

Phone Number: Email Address:

Emergency Contact Information

Contact Name: Relationship:

Primary Phone: Alternate Phone:

Terms and Conditions

1. Volunteer Status: I agree that my services are provided on a strictly voluntary basis, without pay or expectation of compensation, benefits, or future employment.

2. Assumption of Risk: I understand that volunteer activities may involve physical labor, hazardous environments, or risk of personal injury. I voluntarily and knowingly assume all risks associated with my participation as a volunteer.

3. Waiver and Release: I hereby release, waive, and forever discharge the host organization, its directors, officers, employees, and agents from any and all liability, claims, demands, and causes of action arising out of injury, illness, death, or property damage resulting from my volunteer activities.

4. Medical Treatment: I authorize the organization to seek emergency medical treatment on my behalf if necessary. I accept full financial responsibility for any medical treatment rendered.

5. Photographic Release: I grant the organization permission to use photographs, videos, or digital recordings of me taken during volunteer activities for promotional and educational purposes.

Acknowledgment and Signature

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

Volunteer Signature: Date:

If the volunteer is under 18 years of age, a parent or legal guardian must complete the section below:

Parent/Guardian Name:

Parent/Guardian Signature: Date: