Name of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

By participating as a volunteer, I agree to the following conditions:

* I understand my position description and will execute my duties to the best of my abilities.
* I agree to make personal safety a top priority and will promptly report any unsafe conditions to my supervisor.
* I waive and release any and all claims for myself, my heirs, executors and administrators against <INSERT ORGANIZATION NAME HERE>, its agents, employees and licensees in conjunction with any injury, illness, or death which may directly or indirectly result from my participation in this program, or from any claim arising in connection with the use of my name or any photographs of me.
* I grant permission to <INSERT ORGANIZATION NAME HERE> to photograph me in the course of my participation in this program, and to use my name, any photographs or video images of me and any comments made by me in writing or otherwise for promotional purposes in any media and territory in perpetuity. Initials: \_\_\_\_\_\_\_

If this clause is not initialed, the volunteer has not granted permission to use their image. The volunteer is responsible for reminding any photographers of this situation and excusing themselves from the photography session.

* Products developed by me, as a volunteer under this agreement, are the property of <INSERT ORGANIZATION NAME HERE>.
* <INSERT ORGANIZATION NAME HERE> is not responsible for the loss or damage to my personal property while I am performing my volunteer duties.
* I will not disclose confidential information that I might be exposed to through my volunteer role, unless given clear authorization from <INSERT ORGANIZATION NAME HERE>.
* I acknowledge that I will not receive any financial remuneration for volunteering and that my compensation is the opportunity to contribute to the community.

I have read and fully understand and agree with the contents of this Agreement.

Name of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*If a volunteer is under 18 years of age then a parent /guardian must sign the waiver on the volunteer’s behalf. Only volunteers who have signed this waiver can participate in our volunteer program.*