

# Comprehensive Volunteer Waiver and Release of Liability Form

Thank you for your interest in volunteering with [Organization Name]. Please read the following carefully and sign where indicated. If you are under 18 years of age, a parent or guardian must also provide consent at the end of this form.

## 1. Volunteer Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

## 2. Acknowledgement of Risks

I recognize and acknowledge that volunteering for [Organization Name] may involve physical activity, travel, use of equipment, and other activities that may be hazardous. I confirm that I am physically and mentally able to participate in such activities and accept all risks, whether foreseen or unforeseen, associated with my participation.

## 3. Waiver and Release

In consideration of being permitted to volunteer, I, for myself, my heirs, executors, and assigns, hereby waive, release, and discharge [Organization Name], its affiliates, officers, directors, employees, agents, and volunteers from any and all claims, liabilities, losses, damages, or expenses (including attorney's fees) arising from my participation as a volunteer.

## 4. Volunteer Code of Conduct

- Respect all individuals and property.
- Follow instructions of staff and supervisors.
- Adhere to all safety and organizational policies.
- Abstain from abusive language or inappropriate behavior.

## 5. Medical Authorization

I authorize [Organization Name] staff to provide or seek emergency medical treatment for me in the case of accident or illness. I understand that I am responsible for any associated medical costs.

## 6. Photo/Media Release

I grant [Organization Name] permission to use photographs, videos, or likenesses of me for promotional, educational, and other lawful purposes without compensation.

## 7. Minor Volunteer Consent (If under 18 years old)

### To be completed by a parent or legal guardian:

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, hereby give permission for my child/ward to participate as a volunteer with [Organization Name]. I have read, understand, and agree to the above terms and conditions on behalf of my child/ward, and I consent to emergency medical treatment if required.

Parent/Guardian Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

*This agreement will remain in effect for the duration of your involvement with [Organization Name]. By signing, you acknowledge that you have read and understood all terms.*