

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.