

Volunteer Release Form

This Volunteer Release Form (â€œFormâ€) is intended for individuals volunteering at the Nonprofit Organization. Please read carefully, fill out all fields, and sign below.

Volunteer Information

Full Name

Address

Phone Number

Email Address

Emergency Contact Information

Emergency Contact Name

Relationship

Emergency Contact Phone

Release and Waiver of Liability

I, the undersigned volunteer, acknowledge and agree that my participation with Nonprofit Organization is voluntary. I hereby release and hold harmless Nonprofit Organization, its directors, employees, and agents from any and all liability, claims, and demands of whatever kind which may arise in connection with my participation as a volunteer.

Initial Here

Medical Treatment Authorization

In the event of injury or medical emergency, I authorize Nonprofit Organization to seek medical treatment for me if necessary. I understand that I am responsible for any costs incurred as a result of such treatment.

Photo/Media Release

I grant permission to Nonprofit Organization to use photographs or videos taken of me during volunteer activities for nonprofit promotional purposes.

Volunteer Signature

Date

If under 18, Parent/Guardian Signature

Date
