

Volunteer Service Waiver

This Volunteer Service Waiver ("Waiver") is executed by the undersigned volunteer ("Volunteer") in favor of [Nonprofit Group Name], its officers, directors, employees, and agents ("Nonprofit"), as a condition of volunteering.

Volunteer Information

Full Name

Email Address

Phone Number

Address

Release and Waiver

By signing below, I acknowledge and agree as follows:

- I understand that my participation as a volunteer for the Nonprofit is voluntary.
- I hereby release and hold harmless the Nonprofit from any and all liability, claims, or demands for personal injury, illness, or death that may result from my volunteer activities.
- I assume all risks associated with participating in volunteer activities for the Nonprofit.

Medical Treatment

I hereby consent to receive medical treatment which may be deemed necessary in the event of injury, accident, or illness during my volunteer service.

Photo & Media Release (Optional)

I give permission for photographs and/or video recordings taken during volunteer activities to be used for promotional purposes by the Nonprofit.

☐ I agree

☐ I do not agree

Signature

Date

Volunteer Signature

Parent/Guardian Signature (if under 18)

