

# Adult Volunteer Liability Release

This Liability Release (â€œReleaseâ€) is executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by:

Full Name

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Address

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Phone Number

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Email

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In consideration of being permitted to participate as a volunteer for ( \_\_\_\_\_ )  
(â€œOrganizationâ€), I hereby agree as follows:

## Release and Waiver

I acknowledge that my participation as a volunteer may involve certain risks. I voluntarily assume all such risks and, on behalf of myself, my heirs, personal representatives, and assigns, release and hold harmless the Organization, its officers, directors, employees, agents and representatives from any and all claims, demands, or causes of action arising out of or connected with any damage, loss, injury, or death that may result from my participation as a volunteer.

## Medical Treatment

I hereby consent to receive medical treatment that may be deemed advisable in the event of any illness or injury during my participation. I understand that I am responsible for any costs related to such treatment.

## Photographic Release

I grant to the Organization permission to use photographs or recordings taken of me for any legitimate purpose without compensation or approval.

## Confidentiality

I agree to respect the confidentiality of information learned in the course of my volunteer service, including but not limited to information about clients, staff, or other volunteers.

I have read this Release, understand its terms, and sign it voluntarily. I understand that I am giving up substantial rights, including the right to sue.

Signature

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Date

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