**Type in Your Organization Name Volunteer Release Form**

You must complete this form prior to participating in Organization Name-related projects and activities. Bring this completed form with you. **A parent/guardian signature is required for volunteers under age 18.**

**General Information:** (Please print clearly) **Today’s Date**

Adult Volunteer’s Name Minor Child Volunteers Age

 Age

 Age

Phone Number Email

Address/City/State/Zip code:

**Emergency Contact Information** (This section **must** be completed to volunteer)

Name Relationship Phone # Alternate Phone #

**Volunteer Agreement**

I understand that volunteering may involve physical effort (bending, lifting, digging, walking, kneeling, etc), contact with unidentified and/or unfamiliar persons, and other potential risks of bodily injury or damage to property. I agree to abide by the safety training measures for any and all activities in which I participate.

I hereby assume full and complete responsibility for any personal injury and/or property damage that I sustain or cause during my participation as a volunteer. In addition, I hereby release, hold harmless and covenant not to file suit against the ORGANIZATION NAME and any of its employees, volunteers, partners, agents, sponsors, board members, and successorsfrom any and all loss, liability, or claims I may have arising out of my service as a volunteer, **including all liability that results from the *NEGLIGENCE* of** ORGANIZATION NAME**, or any other person or cause, to the fullest extent permitted by law.**

I understand that as a volunteer, I may be exposed to confidential information about the Organization Name. I agree to maintain the confidentiality of any information marked “confidential” as well as information about the Organization Name’s internal procedures, business operations, existing or prospective donor information, propriety business information, personnel information and the like that is not otherwise publicly disclosed by the Organization Name. I will not use any confidential information in any manner that would be detrimental to Organization Name, and I will avoid any actions that might impair the reputation of Organization Name.

I also grant Organization Name, its representatives and employees the right to take photographs or videos of me and my property in connection with the above-identified subject. I agree that Organization Name may use such photographs or videos of me with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising and Web content.

**Volunteer’s Signature Date**

**IF VOLUNTEER IS UNDER 18, PARENT OR GUARDIAN MUST SIGN BELOW**

**Parent/Guardian Signature Date**

**X**

Organization Address ● Organization Tel Number ● Organization Website