



## **VOLUNTEER AFFIRMATIONS, RELEASE AND WAIVER**

### **VOLUNTEER AFFIRMATION**

Thank you for your interest in volunteering to help with our Digital Navigator Program. We ask that all volunteers affirm and follow these guidelines:

- **Maintain confidentiality of all client information**
- **Refrain from sharing personal contact information with clients**

### **RELEASE AND WAIVER OF LIABILITY:**

ASSUMPTION OF RISKS: Volunteers agreeing to participate in volunteer activities must recognize and appreciate that there are always inherent risks of injury associated with any volunteer activities. Such risks will vary depending upon the nature of the particular volunteer activity and the physical condition of the volunteer. Each person participating in volunteer activities does so at their own risk and is solely responsible for any injuries or medical costs incurred as a result of volunteer activities. "As reflected by my signatures below, I am aware of and accept the risks associated with and inherent in the activities."

WAIVER & RELEASE OF ALL CLAIMS: Please read this form carefully and be aware that agreeing to your participation in volunteer activities and/or the participation of a family member, you will be waiving and releasing any and all claims for damages or injuries that your child/ward might sustain arising out of or in connection with the volunteer activities. This covers The Triangle Nonprofit & Volunteer Leadership Center and all affiliated organizations participating in these volunteer activities. This Release and Waiver of Liability includes all participating organizations and their respective directors, officers, trustees, employees, volunteers and agents (collectively, the "Released Parties"):

- A. Waiver and Release. I do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the Participant's participation in activities with any of the Released Parties. The Participant understands that this Release discharges the Released Parties from any liability or claim that the Participant may have against the Released Parties with respect of any bodily injury, personal injury, illness, death, or property damage that may result from the Participant's participation in activities whether caused by the negligence of the Released Parties or otherwise arising. The Participant also understands that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury, illness, death, or property damage. I execute this release on behalf of and with the specific intent to legally bind us, our heirs, assigns, personal representative(s) and estate.
- B. I further acknowledge and understand that pictures or videos taken of participants, or products created and produced by participants may be used in the Nonprofit Organization's products, publications, web sites and/or social media channels (e.g. Facebook, YouTube). I hereby grant and convey unto the released parties all rights, title, and interest in any and all photographic images, video or audio recordings made by Released Parties

during activities, including but not limited to, and royalties, proceeds, or other benefits derived from such photographs or recordings.

- C. Medical Treatment. I do hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Participant's participation in activities.
- D. Assumption of the Risk. I understand that activities may include potentially harmful activities. The Participant hereby expressly and specifically assumes the risk of injury or harm in Activities and the Released Parties are released from all liability for injury, illness, death, or property damage resulting from the Activities.
- E. Insurance. I understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry, or maintain health, medical, travel, disability, or other insurance coverage for any Participant. Each Participant is expected and encouraged to obtain his or her own health, medical, travel, disability, or other insurance coverage.
- F. Lost/Stolen Items. I understand that the Released Parties are not responsible for items that are lost or stolen and that the student is responsible for his/her own possessions. I agree to accept responsibility for expenses incurred during the program damages to Community Service Project sites caused by the student. It is recommended that students not be in possession of valuable equipment or merchandise while at service sites. Should a student wish to bring valuable equipment or merchandise, it is recommended that this property be insured against loss, theft, or damages.
- G. Other. I expressly agree that the Release is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina, and that this Release shall be governed by and interpreted in accordance with the laws of this state. The Participant agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court or competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

By signing this Release and Waiver, I acknowledge and represent that I have been fully informed of the contents of this Release and Waiver of Liability and hold harmless agreement by reading it before we sign it, and that I have reviewed it and understand what it means and that I sign this document freely. I further state that there are no health-related reasons or problems which preclude or restrict the participation in the activities.

Participant Release Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Release Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign/date and email this waiver: [debalina@thevolunteercenter.org](mailto:debalina@thevolunteercenter.org)**