
VOLUNTEER LIABILITY WAIVER

Print Name of Host Organization

EVENT NAME: _____ DATE: _____

ALL EVENT VOLUNTEERS MUST READ and SIGN this WAIVER for THEMSELVES and ANY MINORS that ACCOMPANY THEM. SAVE THIS FORM FOR 90 DAYS AFTER THE EVENT.

Thank you for volunteering! Please read this form carefully before signing. It explains important responsibilities and legal protections for both you and our organization.

1. Assumption of Risk: I understand that this volunteer activity may involve some risks, including physical activity, working with others, or being in different environments. I accept these risks voluntarily and agree that I am responsible for my own safety and well-being while volunteering, including that of any minors that I bring to this activity.

2. Compliance with Regulations: I agree to follow all safety rules, directions from the host, and all applicable organizational policies, including those related to conduct, confidentiality, and health and safety. I will let event leaders know right away if I see unsafe conditions or have concerns.

3. Release of Liability: To the fullest extent allowed by law, I release and hold harmless the host organization listed above, District Four Coalition, and the staff and board members of both groups, as well as other volunteers from any claims or damages that may arise from my volunteer activities, except for those caused by gross negligence or intentional misconduct.

4. Indemnification: I agree to be responsible for any harm or loss that results from my actions while volunteering and to reimburse the host organization for any costs, claims, or damages caused by my own negligence or failure to follow rules.

5. Insurance Coverage: I understand that the host organization does not provide medical or accident insurance for volunteers. I am responsible for my own health and accident insurance coverage.

6. Photograph and Media Release: I understand that photos or videos may be taken while I am volunteering. I give permission to use my image or voice in publications, websites, or social media related to the organization's mission. I understand that I will not receive payment for this use. If I do not wish to be photographed, or have any youth that will be attending with me photographed, I will notify event leaders before volunteering.

7. Acknowledgment and Signature: By signing this waiver, I confirm that I have read this agreement, understand it, and agree to its terms.

EVENT NAME: _____ DATE: _____

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EVENT NAME: _____ DATE: _____

#	PRINT NAME	SIGNATURE (Parent or guardian must sign if attendee is under 18)
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