



## Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") releases Spread the Word Nevada, ("Nonprofit"), a nonprofit corporation organized and existing under the laws of the State of Nevada and each of its directors, officers, employees, and agents. By signing this form, you understand and agree to the following terms and conditions to volunteering your services.

I recognize that, as a volunteer I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization.

I will not participate in and will report any and all instances of any sort of harassment, exploitation, and or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, volunteers, clients and visitors.)

I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information. I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as is possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur.

I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.

I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: cuts, burns, back injury from lifting, property damage or injury to others in car accidents, falls, muggings, viruses, bacteria, communicable diseases or infections, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. **Initial here:** \_\_\_\_\_

I hereby release and forever discharge Spread the Word Nevada from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit. **Initial here:** \_\_\_\_\_

I agree to adhere to any necessary guidelines in place during my volunteer assignment including: hand washing, sanitizing work stations, coughing and sneezing into a tissue, wearing a facial mask and/or gloves. I will adhere to CDC guidelines at all times. I will immediately notify a STWN staff member if I become unwell during service. I agree to cancel my volunteer service if I am sick, injured or running a fever. **Initial here:** \_\_\_\_\_

I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, however caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release Spread the Word Nevada from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer.

As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Nevada and that this Release shall be governed by and interpreted in accordance with the laws of the State of Nevada. I agree that in the event that any clause or provision of the Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

(Continue on back)



# Volunteer Release and Waiver of Liability Form

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will. (Continue on back)

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Name (please print legibly): \_\_\_\_\_

\_\_\_\_\_

Email Address

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Volunteer Signature

\_\_\_\_\_

Date

\*\*\*Emergency Contact: In case of emergencies, please list who STWN should contact on your behalf.

\_\_\_\_\_

Contact Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Email Address

\_\_\_\_\_

Phone Number

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**MINORS:** If the volunteer is **under the age of 18 years old**, a parent or guardian will need to fill out the following fields.

Name of minor (please print legibly): \_\_\_\_\_

\_\_\_\_\_

Name of Parent or Guardian (Name Printed)

\_\_\_\_\_

Relationship

\_\_\_\_\_

Email Address

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date