

Volunteer Agreement

This document explains possible risks of volunteering and includes liability waivers, consents, and other legal agreements.

By signing below, I, the volunteer (or volunteer's legal guardian), acknowledge that entry into this agreement ("Agreement") is in consideration of my participation as a volunteer, and confirm my understanding and agreement to the following:

Safety and Conduct

I will comply with Client's volunteer policies, safety rules, conduct expectations, and other directions. I understand that Client does not tolerate bullying, harassment, threatening behavior, or violence of any kind.

Volunteer Not an Employee

I understand that I am not an employee of Client and will not be paid for participation as a volunteer or be eligible for participation in Client's benefit plans.

Awareness and Assumption of Risk

I acknowledge that volunteering at Client has risks. These risks may arise in a variety of ways, including from my:

- lifting heavy objects or other physical exertion
- working with glass and _____ materials
- using hot or sharp objects or other tools
- exposure to dust, loud noise, or _____
- interacting with or being in the presence of other volunteers, visitors, or others
- exposure to COVID-19 or other infectious disease

I assume and accept any and all risks of injury, illness, death, and property damage or loss that may arise from my presence at Client facilities or participation as a Client volunteer.

Waiver and Release of Claims

I waive and release Client and its directors, employees, and other volunteers from any and all claims and liabilities arising from my participation as a Client volunteer, including, without limitation, claims in respect of death, illness, or injury to my person or property. I will not sue Client on the basis of these waived and released claims.

Disclosure of Medical Conditions

I understand that I am solely responsible for knowing my own physical condition and making my own decision about volunteering. I have disclosed all medications and conditions relevant to my participation to Client staff, including, without limitation, chronic conditions such as asthma, allergies, seizures, or diabetes. I understand that Client needs such information because some medication side effects or medical conditions could affect my safety or that of others at Client. I consent to Client sharing this

information with health professionals or first responders should I become ill or injured while at Client facilities.

Medical Care Consent

I authorize Client to provide me first aid, emergency medical assistance, and transportation. I understand that Client is not obligated to provide this care. I also understand that I am solely responsible for any costs related to my medical treatment and transport, and that Client does not provide health, medical, disability, or other insurance coverage for me.

Confidentiality

I may have access to Client's confidential information. I will hold any such information in confidence and not disclose or use it except as Client expressly authorizes.

Assignment of Work Product

I grant full rights to Client in any reports, brochures, website content, photos, images, videos, or other materials or works I may create in the course of volunteer activities, and any intellectual property rights in or derivatives of such materials.

Use by Client of My Name and Image

I consent to use by Client of my image, voice, name, and story, and of images of any works I may create as a volunteer, in Client's digital and print promotional, fundraising, educational, and other communications. Client may use them without obtaining my approval or paying me for such use. I waive any legal claims related to such use, including claims relating to copyright or rights of publicity or privacy.

My checking this box means that I do not wish to agree to this consent:

Applicable to All Volunteer Work

I understand this Agreement applies throughout the duration of my participation as a Client volunteer.

General Provisions

This Agreement will run in favor of each of Client and its directors, employees, and other volunteers, and will bind my heirs, next of kin, and legal representatives. If any provision of this Agreement is found to be unenforceable, the other terms will remain effective.

I have read this Agreement and understand its terms. I sign it freely and voluntarily.

Signature (of parent/guardian, if applicable)

Participant name (if parent/guardian signs)

Print name

Date

Emergency contact name

Emergency contact phone

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