

OVCE volunteer waiver, release, and indemnity agreement

Volunteer agreement:

I have agreed to work as a volunteer for OVCE and do so of my own free will. As a volunteer I am not an employee or agent of OVCE. I understand this role does not include compensation or payment of any kind. Furthermore, I acknowledge that OVCE does not offer health insurance, workers' compensation insurance, or any such employee benefit to volunteers. As a volunteer I agree to maintain my own health and auto liability insurance during my time as a volunteer for OVCE.

Risk agreement:

I fully recognize and accept that volunteering has risks and unforeseen dangers (such risks could be, but are not limited to: mental/emotional stress or physical injury). I have read the detailed Job Description for the volunteer duties I am accepting and understand the minimum requirements. Volunteers' Initials_____. I understand that I have the right to review each activity prior to my participation and choose to participate of my own free will. I have read and understand OVCE's mission statement and best practice procedures. I pledge to act and perform within those expectations.

Waiver, release, hold harmless, and indemnification agreement:

I acknowledge that OVCE does not guarantee safety. I voluntarily waive, release, and hold harmless OVCE, its board, employees, agents, and other volunteers from all claims, accidents, injuries, or death that result from actions related to my volunteer activities. I understand that this document disqualifies me from recovering damages against [Non- Profit] should I be injured in the course of my duties.

I shall defend, hold harmless, and indemnify OVCE, its board, employees, agents, and other volunteers from and against all claims, accusations, notices, judgments, rulings, liabilities, expenses, etc. that may exist as a result of my actions, inactions, errors, acts, or omissions.

Acknowledgment and signatures:

I have read and fully understand the above waiver. I understand that by signing this document I am giving up certain rights and accepting certain duties.

Volunteer signature: _____ Date:_____

Parent/guardian signature:_____If Under Age 18 Date:_____

Non-profit HR/mgmt employee signature: _____ Sign in Witness Date:_____