



The Emily Program

FOUNDATION

Emily Program Foundation Volunteer Consent and Waiver of Liability Agreement

- 1) I have reviewed the application for volunteering with the Emily Program Foundation (EPF) and agree to the policies and procedures outlined.
- 2) As a volunteer, I agree to abide by the mission and vision of the EPF and recognize that, in that role, I am an ambassador of the organization.
- 3) I am aware that volunteering in an area of previous struggle can have benefits and risks. I agree to carefully consider how my volunteer role is impacting my overall health and make every effort for optimal health.
- 4) I assume any and all risks for injury to person or property, or any other consequence arising out of my assisting in, participating in, or volunteering with the EPF, including travel to and from volunteer events. I, INDIVIDUALLY, AND ON BEHALF OF MY HEIRS, SUCCESSORS, ASSIGNS AND PERSONAL REPRESENTATIVES, HEREBY RELEASE AND FOREVER DISCHARGE AND HOLD HARMLESS EPF AND ITS SUCCESSORS AND ASSIGNS FROM ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE, EITHER IN LAW OR EQUITY, ARISING OUT OF OR RESULTING FROM MY VOLUNTEERING WITH THE EMILY PROGRAM FOUNDATION. I UNDERSTAND AND ACKNOWLEDGE THAT THIS RELEASE DISCHARGES EPF FROM ANY LIABILITY OR CLAIM THAT I MAY HAVE AGAINST EPF WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY ARISE OR RESULT FROM MY VOLUNTEERING WITH EPF.
- 5) I give permission for the EPF to publish and use materials I create for the organization's blog, website or program purposes such as art shows or educational events. The EPF *will* contact me to confirm using any materials created by me prior to using it in a public forum.
- 6) I agree to make every effort to fulfill my volunteer commitments to the EPF and will notify staff in a timely manner in the event that I am unable to do so.
- 7) I understand that I may revoke my volunteering with the EPF at any time.

My signature indicates I have read this entire document, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms.

Signature of Volunteer

Date



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PARENTAL CONSENT for volunteers under the age of 18

I certify that I am the parent or legal guardian of the above individual and hereby consent to his or her participation in volunteer activities on behalf of EPF. I have read and understand the above Consent and Waiver of Liability Agreement and I agree to be bound by the terms stated therein.

Signature of Parent/Legal Guardian

Date