

VOLUNTEER CONSENT AND RELEASE FORM

Organization Name: _____ Location: _____

Volunteer Information:

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information:

Full Name: _____

Relationship: _____

Phone Number: _____

Volunteer Agreement and Release:

I, the undersigned volunteer, hereby freely and voluntarily agree to participate in activities organized or sponsored by the Organization named above. I understand that volunteering includes risks and dangers, including but not limited to physical injury or harm, and I acknowledge and accept all such risks. I hereby release, waive, discharge, and covenant not to sue the Organization, its officers, agents, employees, volunteers, and affiliates (collectively, the "Released Parties") from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in volunteer activities, whether caused by the negligence of the Released Parties or otherwise. I agree to indemnify and hold harmless the Released Parties from any loss, liability, damage, or cost including attorney fees that they may incur due to my participation in said activities. I understand that this release includes any claims based on the negligence, action, or inaction of the Released Parties and covers bodily injury (including death) and property damage, whether suffered by me before, during, or after such participation. I understand that this agreement shall be governed by the laws of the United States and is intended to be legally enforceable.

Medical Consent and Information:

In case of emergency, I authorize the Organization and its representatives to secure medical treatment and transportation as deemed necessary. I understand that I am responsible for all costs related to such treatment. Please list any relevant medical conditions, allergies, medications, or limitations here:

Confidentiality and Photography Release:

I agree that photographs or videos taken during volunteer activities may be used by the Organization for promotional, educational, or other lawful purposes without compensation to me. I also agree to maintain confidentiality of any sensitive information I may be exposed to during my volunteer service.

Code of Conduct and Compliance:

I agree to abide by all policies, rules, and regulations established by the Organization. I understand that failure to comply with these standards may result in termination of my volunteer service.

Acknowledgment and Signature:

I acknowledge that I have read this Volunteer Consent and Release Form in its entirety, fully understand its contents, and agree to be bound by its terms. I certify that I am at least 18 years of age or have obtained the consent of my parent or legal guardian. Volunteer Signature: _____ Date:

_____ Printed Name:

VOLUNTEER SIGNATURE

ORGANIZATION REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

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