



Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the “release”) executed on _____ (date) by _____ (“Volunteer”) releases FreeWishes Foundation (also referred as FWF) a nonprofit corporation organized and existing under the laws of the State of Georgia and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for FWF and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with FWF is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; the FWF will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to FWF.

1. Waiver and Release: I, release and forever discharge and hold harmless FWF and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to FWF. I understand and acknowledge that this Release discharges FreeWishes Foundation from any liability or claim that I may have against FWF with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to FWF or occurring while I am providing volunteer services.

2. Insurance: Further I understand that FreeWishes Foundation does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of FWF.

3. Medical Treatment: I hereby Release and forever discharge FreeWishes Foundation 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 FWF.

4. Assumption of Risk: I understand that the services I provide to FreeWishes Foundation may include activities that may be hazardous to me including, but not limited to driving, lifting, pushing, pulling, use of cleaning chemicals, etc. involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release FWF from all liability.

5. Photographic Release: I grant and convey to FreeWishes Foundation all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by FWF in connection with my providing volunteer services to FWF.

6. Other: 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 Georgia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature (Or parent/guardian if under 18)

Date

VOLUNTEER INFORMATION:

Name: _____ Birthdate _____

Mailing Address _____

City _____ State _____ ZIP _____

Home Phone: _____ Cell: _____ Work: _____

E-mail Address: _____

Are you part of a group? Y N Company/group Name: _____

Emergency Contact: _____
Contact Relationship: _____ Emergency Phone Number: _____

Primary communication to volunteers is through the email notifications regarding FWF Volunteer Opportunities.
Would you like to receive this email about upcoming opportunities or our newsletters? Yes No.

Volunteer Expectations Agreement

1. Volunteers working in any capacity within FreeWishes Foundation must be at least 10 years of age.
2. If any task causes you discomfort, or if you feel it is unsafe or unhealthy to perform a specific task, report the condition to a staff member immediately.
3. Wear sensible, appropriate clothing and footwear for the task(s) at hand.
*** **Closed toed shoes** are required for all activities. ***
4. Wash hands before beginning your shift, after eating, and after using the restroom.
5. Alcohol and other drugs are prohibited in the workplace or at any event.
6. No Smoking” policy is strictly enforced.
7. Only authorized personnel may operate the company vehicle.
8. Report any injury immediately to FreeWishes Foundation staff on site.
9. No food, drink (exception to closed bottles of water), or cell phone use during events.
(if you must use your cell phone please relocate to an office or the volunteer area)
10. Please avoid conversations, comments and language that are inappropriate in a professional workplace.
11. Do not take any food or merchandise from FreeWishes Foundations event/warehouse without proper authorization.

I have read the Volunteer Expectations Agreement _____ Yes

Signature _____

Date _____