



**VOLUNTEER INFORMATION
&
RELEASE AND WAIVER OF LIABILITY**

NAME: _____ **DATE:** _____
FIRST LAST

I volunteered today: as an Individual with a Group (Group name) _____

ADDRESS: _____
STREET APT #

CITY STATE ZIP

EMAIL: _____

PHONE #: (____) _____

Please check here if you would **NOT** like to receive Hope's Closet information via e-mail:

DATE OF BIRTH: ____ - ____ - ____



Volunteer with full knowledge of his/her rights does hereby freely, voluntarily, and without duress execute this Waiver and Release under the following terms:

WAIVER AND RELEASE: Volunteer does hereby release, waive, discharge, and relinquish Hope's Closet, its officers, employees, successors, assigns, legal representatives, agents, or the organizers, sponsors and supervisors of Hope's Closet events, from any and all liability, claims, causes of action, loss, damage, demands, in law or in equity, of whatever kind or nature, arising out of or related to my (or my child's) volunteer participation with Hope's Closet.

MEDICAL TREATMENT: Volunteer does hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer's participation in the Volunteer Activities or with the decision by any representative or agent of Hope's to exercise the power to consent to medical or dental treatment.

ASSUMPTION OF THE RISK: Volunteer acknowledges that my participation in volunteer activities and events may involve risk of injury, including economic losses, which may result from my child's own actions, inactions, or negligence; from the actions, inactions, or negligence of others; from the conditions of the facility; or from the equipment or areas where the event is being conducted.

PHOTOGRAPHIC RELEASE: Volunteer does hereby grant and convey unto Hope's Closet all right, title, and interest in any and all photographic images and video or audio recordings made by Hope's during Volunteer's participation in the Volunteer Activities, including, but not limited to any royalties, proceeds or other benefits derived from such photographs or recordings.

OTHER: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that this Waiver and Release shall be governed by and interpreted in accordance with the laws of the State of Florida. Volunteer agrees that in the event that any clause or provision of this Waiver and Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver and Release which shall continue to be enforceable.

SIGNATURE OF VOLUNTEER: _____ **DATE:** _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ **CELLPHONE:** _____

If Volunteer is under the age of 18, the following signature is required.

I, _____, am the parent or legal guardian having custody of _____, a minor child. As parent or legal guardian, I authorize and give permission for my child, _____, to serve as a youth volunteer and to participate in Hope's Closet activities and events under the supervision of a Hope's Closet team member and I acknowledge and agree to the Waiver and Release as laid out above.

PARENT OR GUARDIAN _____ DATE: _____
(Signature)