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Volunteer Authorization, Waiver, and Release Form

The Volunteer understands, agrees, and freely, voluntarily, and without duress, gives this Release:

- My participation with A Precious Child is as a volunteer and not an employee.
- As a condition of being a volunteer, I will provide complete medical insurance coverage for any medical expenses that may be incurred as a result of my volunteer activities. I release and forever discharge A Precious Child and employees from any claim whatsoever which arises on account of any first aid, treatment or service rendered in connection with my volunteer work.
- I will indemnify A Precious Child against any and all liability or loss and against all claims or actions arising out of damage or injury to person or property caused by me.
- I understand that volunteering with A Precious Child may include activities that may be hazardous to me, which may include, but is not limited to bending, moving, lifting materials, moving furniture, trash removal, use of tools and equipment, loading and unloading supplies.
- I authorize A Precious Child to publish, copyright, and lawfully use any photographic images, video, or audio recordings of me and any statements or testimonials made by me as a volunteer. I convey and grant all rights, including, but not limited to, any proceeds, royalties, or other benefits derived from such recordings or photographs. I authorize A Precious Child to complete a search of my information against the National Sex Offender Registry and understand that if results matching my information are found, I will not be allowed to volunteer and the proper authorities will be contacted.
- I assume all risks and liabilities that may result from my participation as a volunteer, and I release myself and my agents, executors, heirs and forever discharge and hold harmless A Precious Child, its employees, representatives, and agents from any and all actions, cause of action, claims, demands, and liabilities arising out of injury to or damage sustained by me. I will not seek loss wages, or other reimbursement that may incur due to a volunteer related injury.

Volunteer Name (Print First and Last Name): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birthday: ____/____/____

Emergency Contact: _____ Phone: _____ Relationship: _____

Name of Group or Organization you are volunteering with: _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature (if volunteer is under 18 years of age or required by law).

Parent Signature: _____ Date: _____

A Precious Child provides children in need with opportunities and resources to empower them to achieve their full potential.