

# VOLUNTEER RELEASE AND WAIVER OF LIABILITY

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This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(The "Volunteer") in favor of The Jane Boyd Community House, its affiliates, and their respective directors, officers, members, managers, employees and agents (collectively, "Jane Boyd").

The Volunteer desires to work as a volunteer for Jane Boyd and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include, but are not limited to: \_\_\_\_\_

[may include transportation, office work, consuming food, etc.]

*Volunteers agree not to enter a client's home unless a background check has been performed and approved.*

**The Volunteer hereby freely, voluntarily and without duress executes this Release under the following terms:**

**Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless Jane Boyd and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Jane Boyd.

Volunteer understands that this Release discharges Jane Boyd from any liability or claim that the Volunteer may have against Jane Boyd with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's Activities with Jane Boyd, whether caused by the negligence of Jane Boyd or otherwise. Volunteer also understands that Jane Boyd does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.

**Medical Treatment.** Volunteer does hereby release and forever discharge Jane Boyd from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's Activities with Jane Boyd whether caused by the negligence of Jane Boyd or otherwise.

**Assumption of the Risk.** The Volunteer understands that the Activities may include work that may be hazardous to the Volunteer, including, but not limited to: \_\_\_\_\_

[may include use of vehicles, loading and unloading, food and accommodations which may be donated to Jane Boyd, etc.]

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Jane Boyd from all liability for injury, illness, death or property damage resulting from the Activities whether caused by the negligence of Jane Boyd or otherwise.

**Insurance.** The volunteer understands that, except as otherwise agreed to by Jane Boyd in writing, Jane Boyd does not carry or maintain automobile, health, medical or disability insurance coverage for any Volunteer. **Each Volunteer is expected and encouraged to obtain his or her own automobile, medical or health insurance coverage.**

**Confidentiality.** Volunteers agree not to share information with others of a confidential nature regarding the individuals they assist including, but not limited to, name, phone, address, and other personal information the individual may share.

**Media and Photographic Release.** Volunteer does hereby grant and convey unto Jane Boyd all right, title and interest in any and all photographic images and video or audio recordings as well as print media or newspaper made by Jane Boyd during the Volunteer's Activities with Jane Boyd including, but not limited to, any royalties, proceeds or other benefits derived from such photographs, recordings, printed and electronic materials. Further, Volunteer freely and voluntarily consents to the use and publication of his name, participation, picture, and/or likeness by Jane Boyd for any and all purposes including, but not limited to, educational, promotional, advertising, and trade, through any medium or format, including, but not limited to, videotape, audiotape, film, photograph, television, radio, digital, internet, theater, or exhibition, at any time from this date forward.

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

**IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.**

Volunteer (please print name): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (other): \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**In case of emergency, please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (other): \_\_\_\_\_

**\*\*PARENT/GUARDIAN MUST SIGN BELOW IF VOLUNTEER IS UNDER THE AGE OF 18\*\***

IN THE CASE OF A MINOR, THE UNDERSIGNED, ADDITIONALLY DEMONSTRATES MINE AND MY CHILDREN(S)' CONSENT AND AGREEMENT TO ALL THE ABOVE TERMS.

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Minor's name: \_\_\_\_\_

Minor's DOB: \_\_\_\_\_