



## Society of the Transfiguration

### Volunteer Waiver and Release of Liability

Volunteer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

#### 1. Acknowledgement of Volunteer Status

I understand that I (and the undersigned Parent/Guardian, if Volunteer is under 18 years of age) am volunteering my services to **Society of the Transfiguration**, a nonprofit organization and/or its affiliates or ministries (*Bethany School, Transfiguration Spirituality Center, Food for the Soul* and/or *St. Monica's Recreation Center*). I acknowledge that I am not an employee, agent, or contractor of the Society of the Transfiguration and will not receive compensation or benefits for my volunteer service.

#### 2. Assumption of Risk

I understand that volunteer activities may include, but are not limited to: food preparation, food distribution, physical activity, recreational program assistance, event setup and cleanup, transportation of supplies, and interaction with the public. I acknowledge that these activities involve certain inherent risks, including but not limited to: personal injury, illness (including communicable diseases such as COVID-19), property damage, or other harm.

I knowingly and voluntarily assume all such risks related to my participation.

#### 3. Release and Waiver of Liability

In consideration of being allowed to participate as a volunteer, I hereby release, waive, and forever discharge the **Society of the Transfiguration**, its ministries, directors, officers, employees, agents, representatives, volunteers, and affiliates from any and all liability, claims, demands, actions, or causes of action of any kind arising out of or related to any loss, damage, or injury (including death) that may be sustained by me or my property while participating in volunteer activities, whether caused by the negligence of the Society of the Transfiguration or otherwise. It is the intent of the undersigned(s) that this Volunteer Waiver and Release of Liability be complete and unconditional and be applied to the fullest extent permitted by law.

#### 4. Medical Treatment; Physical Condition

I consent to receive emergency medical treatment if deemed necessary during my volunteer activities. I understand that I am responsible for any and all medical costs incurred as a result. Volunteer and parent(s)/guardian(s) represent and warrant that Volunteer is qualified, in good health, and in proper physical condition to volunteer and for all activities associated therewith.

#### 5. Photographic Release

I grant permission for the Society of the Transfiguration and its affiliates and ministries to use photographs, video recordings, or other media of me taken during volunteer activities for promotional, fundraising, and educational purposes, without compensation.

**6. Confidentiality**

I agree to maintain confidentiality regarding any personal information I may encounter while volunteering, including information about program participants, staff, or fellow volunteers.

**7. Severability**

If any provision of this waiver is held to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

**By signing below, I acknowledge that I have read, understood, and voluntarily agreed to this Volunteer Waiver and Release of Liability.**

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

(If under 18 – must be signed by Parent or Guardian for each Volunteer under 18 years of age)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

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Routing: Completed waivers should be forwarded to the Director of Special Projects