

Volunteer Waiver and Photo Release

I, _____, am a competent adult who has requested to participate in various volunteer activities (the "Activities") associated with Hannah & Friends, Inc. and Hannah & Friends Neighborhood (the "NFP"). I understand and acknowledge that I am not required to participate in the Activities and that my participation is wholly voluntary.

In consideration of and for my participation in the Activities, the receipt and sufficiency of such consideration is hereby acknowledged, I agree as follows:

1) I, individually, and on behalf of my heirs, spouse, successors, assigns and personal representatives, hereby release, acquit and forever discharge the NFP and its employees, agents, servants, officers, directors, trustees, and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death) to persons or property or both, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses and/or attorneys fees, which arise out of, occur during, or result from my participation in the Activities.

2) I, individually, and on behalf of my heirs, spouse, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the NFP and their employees, agents, servants, officers, directors, trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, judgments, costs or expenses, including attorneys fees incurred to defend any such action(s), which arise out of, occur during, or result from my participation in the Activities.

3) I agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect.

4) I hereby acknowledge and accept that there are certain risks, including bodily injury and death, that could result from my participation in the aforementioned Activities. I have knowingly and voluntarily decided to assume the risk of these inherent dangers in consideration of participation in the Activities.

5) I hereby give my permission to the NFP to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the NFP. I agree that the NFP has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the NFP's mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release the NFP and its agents and assigns from any and all claims which arise out of or are in any way connected with such use. I give my consent to the NFP to use my name and likeness to promote the program, its fiscal agent, and/or their activities.

6) In signing this Waiver, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that by signing it I am giving up substantial legal rights, that it is a binding agreement, and that I have signed it knowingly and voluntarily.

Signature

Printed Name

Date

Hannah and Friends Volunteer Information Sheet

Name: _____

Today's Date: _____

Date of Birth (MM/DD/YY): _____

Gender: MALE or FEMALE

Are you a current student? YES or NO

School: _____

Email: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Many grants for which Hannah & Friends applies, require the tracking of volunteer demographic tracking information. This information will be kept private and only used in reporting for grants.

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For Office Use Only:

Recorded by: \_\_\_\_\_

Date: \_\_\_\_\_