**Volunteer Liability Waiver and Release Form**

**Volunteer’s Information**

Volunteer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email (required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□** Check here if Volunteer is under the age of 18

 Parent or Legal Guardian Email (required, if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Emergency Contact**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Volunteer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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□ Check here to receive email updates

**VOLUNTEERS MUST COMPLETE THE**

**WAIVER AND RELEASE FORM**

**PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED**

**IF VOLUNTEER IS UNDER THE AGE OF 18**

As a volunteer of Indian-American Community Services, Chapter Michigan, also referred as MICS in this document, I understand that I will not be compensated for the services rendered and as a volunteer. MICS is free to terminate the relationship with or without notice, with or without prior warning, and with or without cause.

I, the Volunteer, do hereby consent to disclose any criminal convictions I may have in my record.

I hereby release, waive and hold harmless MICS, and its Board of Trustees, officers, agents and employees from and against any and all claims, including attorney fees, demands or causes of action of any type resulting from property damage, personal injury or death, arising directly or indirectly from my participation as a volunteer.

I further release MICS from liability for any claim of loss, injury, or damage to me or my property due to any act, omission, or negligence of parties not an agent or employee of MICS, including, but not limited to, owners or contractors providing accommodations or other services.

I understand MICS will not be liable for any medical expenses which I might incur in connection with my participation as a volunteer.

It is my responsibility to make arrangements to handle such expenses through health insurance, access to cash, or other methods.

As a volunteer I assume full responsibility for any and all damage claims made by others against me arising directly or indirectly out of any of my own activities, acts or omissions in connection with my volunteer activities.

This waiver and release is effective for me, my personal representatives, assigns, and heirs.

I assume full responsibility for maintaining the confidentiality of all proprietary or privileged information to which I am exposed while serving as a volunteer, whether this information involves a single staff, volunteer, client, other person or overall business. Failure to maintain confidentiality may result in my termination or other corrective action.

By signing this waiver and release, I acknowledge that I have read and understand this document and agree to its terms and conditions.

**YOUTH:** Volunteers ages 17 and under must have a current liability waiver signed by a parent or guardian. An adult supervisor MUST accompany anyone under the age of 18 years old and assume responsibility for youth compliance with the conditions below.