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**Safe Families for Children
Volunteer Agreement**

PLEASE READ CAREFULLY!

THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

I voluntarily and freely agree that I release, discharge and forever hold harmless Safe Families for Children™ and the sponsoring agencies The District Church, DC127, Lydia Home Association, Safe Families for Children Alliance, the District of Columbia, their employees, volunteers, agents, or business associates (together “released parties”) for any injuries or losses of any kind that I may suffer or incur as a result of my participation as a volunteer with Safe Families for Children. I hereby freely, voluntarily, and without duress execute this Release.

I also voluntarily and freely agree that I release, discharge and forever hold harmless Safe Families for Children™ and the sponsoring agencies The District Church, DC127, Lydia Home Association, Safe Families for Children Alliance, the District of Columbia, their employees, volunteers, agents, or business associates (together “released parties”) for any injuries or losses of any kind that may suffered or incurred by my child(ren) or any other minor child(ren) residing in or visiting my household as a result of my participation as a volunteer with Safe Families for Children. I hereby freely, voluntarily, and without duress execute this Release.

I desire to work as a volunteer for the released parties and engage in the activities related to being a volunteer for the released parties (the "Activities"). I understand that the Activities may involve work that may be hazardous to me, including, but not limited to hosting guests in my residence, transporting guests in my vehicle or helping arrange for their transportation, donating supplies or services, or meeting with the released parties at their offices or in the community. I hereby expressly and specifically assume the risk of injury or harm in the Activities.

I UNDERSTAND THAT THIS RELEASE DISCHARGES THE RELEASED PARTIES FROM ANY LIABILITY OR CLAIM THAT I MAY HAVE AGAINST THE RELEASED PARTIES TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM MY ACTIVITIES WITH THE RELEASED PARTIES WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE. I ALSO UNDERSTAND THAT THE RELEASED PARTIES DO 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.

I hereby release and forever discharge the released party from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my Activities with the released parties.

I understand that, except as otherwise agreed to by the released parties in writing, the released parties do not carry or maintain health, medical, or disability insurance coverage for any volunteer. Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

I hereby grant and convey unto the released parties all right, title, and interest in any and all photographic images and video or audio recordings made by the released parties during my Activities with the released parties including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the District of Columbia and that this Release shall be governed by and interpreted in accordance with the laws of the District of Columbia. I also agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of 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.

Volunteer Signature

Volunteer Full Name

Date

Street Address

City

State

ZIP Code

Date of Birth

Phone Number

Email Address