

VOLUNTEER RELEASE



Name: _____ Phone: _____

Address, City, ST, Zip: _____

Email: _____ Under 18? Yes ☐ No ☐

Organization Volunteering Through: _____

This Volunteer Release and Waiver of Liability ("Release") is executed in favor of North Fulton Community Charities, Inc., an IRS recognized 501(c)(3) nonprofit corporation organized and existing under the laws of the State of Georgia, and its members, trustees, directors, officers, employees, volunteers, and agents (collectively "NFCC") by the individual named below ("I" or "me").

NFCC is a nonprofit corporation whose mission is to help ease hardship and foster financial stability in our community.

I desire to volunteer for NFCC and to engage in work, services, and other activities with NFCC on a voluntary, unpaid basis (the "Activities"). I understand that the Activities may include, but are not limited to, assisting in the food pantry, thrift store, education center, child care area, intake desk, and other administrative areas, transporting goods on behalf of NFCC, and any such other activities associated with accomplishing NFCC's mission.

1. Assumption of Risk. I am aware and understand that the Activities may be inherently dangerous and may expose me to a variety of foreseen and unforeseen hazards and risks including but not limited to standing for long periods, climbing step stools and ladders, lifting objects, and bending and acknowledge that I am voluntarily participating in the Activities and have considered those risks. I hereby expressly and specifically assume such risks.

a. COVID-19. In addition to any other risks posed by participating or volunteering with NFCC, I understand that, despite any safety precautions being taken by NFCC, by participating or volunteering with NFCC, there is a risk of potential exposure to COVID-19 or any other harmful virus or bacteria, which may result in illness or death. I release, forever discharge, indemnify, and hold harmless NFCC and its successors and assigns from any and all liability, claim, costs, or expense related to such risk.

2. Medical Treatment. I consent to and authorize NFCC to obtain medical treatment on my behalf if I am injured or require medical attention during my participation in the Activities. I am solely responsible for all costs related to such medical treatment, medical transportation, and/or evacuation. I hereby release, forever discharge, and hold harmless NFCC from any claim whatsoever in connection with such treatment or other medical services.

3. Release and Waiver. I hereby fully and forever release and discharge NFCC from, and expressly waive, all liability, claims, and demands of whatever kind or nature, either in law or in equity, that may arise from my participation in the Activities. I covenant not to sue NFCC for such claims or demands.

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

4. Insurance. NFCC DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE OF ANY NATURE IN THE EVENT OF MY INJURY, ILLNESS, OR DEATH, OR DAMAGE TO OR LOSS OF MY PROPERTY.

I also understand that NFCC does not provide workers' compensation insurance for volunteers. I expressly waive any claim for compensation or liability on the part of NFCC in the event of any injury or medical expense.

5. Photographs and other Media. I agree to allow myself to be photographed or recorded in other media, such as video or audio recordings, in connection with Activities or other activities or events of NFCC. I understand and agree that the photographs and/or other media recordings may be used to promote NFCC, its services and events. I hereby irrevocably grant and convey unto NFCC all right, title and interest in any and all photographic images and other media recordings taken during Activities or other activities and events of NFCC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or other media recordings. I understand and agree that I am waiving all rights to privacy and ownership regarding the use of such photographs and other media recordings.

6. Confidentiality. I understand that it is the policy of NFCC to ensure that the operations, activities, and affairs of NFCC are kept confidential. Confidential information includes, but is not limited to, what is shared during any meetings and daily work activity, internal reporting, personal information about NFCC's clients, donors, volunteers, or employees, and intellectual property. In consideration for the opportunity to work as a volunteer with NFCC, I agree to refrain from repeating to any outside source and to keep confidential information or records pertaining to NFCC's operations, clients, donors, volunteers, or employees obtained while performing Activities. I understand that this is privileged information, and is not to be shared with anyone other than a current employee of NFCC, and then, only as necessary to properly carry out the Activities. I also agree not take any photographs of clients I work with while performing Activities. I acknowledge that any violation of confidentiality may result termination of Activities, and that NFCC may take legal action against me, including but not limited to seeking temporary restraining orders or permanent injunctions to prevent the disclosure of confidential information in federal or state courts in Georgia.

7. My Conduct. I will perform the Activities in a manner that will serve to enhance and support the goals and mission of NFCC. I agree to comply with NFCC's rules, regulations, volunteer handbook, code of conduct, and policies in effect during the performance of the Activities and as may be changed from time to time by NFCC. I agree to comply with the directions given by an authorized representative of NFCC. I shall provide the Activities in a professional manner consistent with the highest standards of ethical and moral conduct.

8. Miscellaneous. This Release represents the full understanding between NFCC and me and supersedes all other prior agreements, understandings, representations, and warranties, both written and oral, between us, with respect to the subject matter hereof. If any term of this Release shall be held to be invalid by any court of competent jurisdiction, that term shall be deemed modified so as to be valid and enforceable. The invalidity of any such term shall not otherwise affect the validity or enforceability of the remaining terms. This Release is binding on and inures to the benefit of NFCC and me and our respective heirs, executors, administrators, legal representatives, successors, and permitted assigns. All matters arising out of or relating to this Release shall be governed by and construed in accordance with the internal laws of the State of Georgia. Any claim or cause of action arising under this Agreement may be brought only in the federal and state courts located in Fulton County, Georgia, and I hereby irrevocably consent to the exclusive jurisdiction of such courts.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE NFCC.

Volunteer's Signature

Date

Legal Name (Please Print)

Emergency Contact Name (Please Print)

Phone Number

If Volunteer is under age 18, Parent or Guardian Signature

Date

Name of Parent or Guardian (Please print)