

### Volunteer Liability Release Form (Volunteers must be at least 13 years old)

Name (please print) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I agree to volunteer for community service with The Believe in Books Literacy Foundation and agree to follow all instructions, observe all safety issues, and agree to all obligations associated with the organization’s programs and objectives. I also agree to honor the dates and times to volunteer indicated in any assignment agreed to as my commitment, and if there is an emergency which causes me to not be able to carry out my obligations on a particular date, that I will notify B.I.B.L.F as soon as possible. I also will hold the Believe in Books Literacy Foundation harmless and not responsible for any and all liabilities, including personal injury and mental issues as well as with any contractors associated with the B.I.B.L.F. for the purposes of producing events and programs. I understand I must provide my own transportation to and from a B.I.B.L.F event.

*With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19. I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may be at risk of contracting COVID-19. Temperature will be taken daily.*

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least thirteen (13) years old. That I have been sufficiently informed of the risks involved and give my voluntary consent in signing as my own free act and deed; this Liability Release Waiver with full intention to be bound by the same, and free from any inducement or representation. I give permission to be photographed/filmed for press releases or other media coverage in relation to the Foundation’s activities if the occasion should arise

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission to Participate (under 18 years old) School \_\_\_\_\_ Year in School \_\_\_\_\_**

I give permission for my student/minor \_\_\_\_\_, to participate in programs and events of the Believe in Books Literacy Foundation and understand his/her obligations. I also will not hold The Believe in Books Literacy Foundation legally obligated or responsible, or any contractor associated with any of the programs or events. I give permission for him/her to be photographed/filmed for press releases or other media coverage in relation to the Foundation’s activities if the occasion should arise. \*\* We ask that you emphasize with the person you are taking responsibility for, the need to honor their commitments for the assignments and responsibilities that they sign up for. Please check any family plans to be sure those dates are available. We will be depending on their participation and presence. \*\* Transportation must be provided to and from a B.I.B.L.F.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

