

# Volunteer Waiver, Release and Hold Harmless



Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address, City, ST Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of  Company  Club  School  Group  Church \_\_\_\_\_

I, \_\_\_\_\_, ("Volunteer") understand and agree that, while providing services as a Volunteer ("Services") to North Fulton Community Charities, Inc. ("NFCC"), there are certain risks (some of which I may not fully recognize) and that injuries, death, property damage or other harm could occur to me during or resulting from provisions of the Services, including injuries incurred as a result of lifting heavy objects. I, therefore, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows:

1. I accept and voluntarily incur all risks of any injuries, damages or harm which arise during or result from my provision of the Services, whether or not caused in whole or in part by the negligence or other fault of NFCC of its directors, officers, employees, agents or insurers (the "Released Parties").
2. I waive all claims against and hold harmless any and all of the Released Parties for any injuries, damages, expenses, liabilities, losses or claims, whether known or unknown, which arising during or result from my provision of the Services, whether or not caused in whole or in part by the negligence or other fault of any of the Released Parties, and forever release and discharge the Released Parties from all such claims.
3. I understand that confidentiality concerning information pertaining to NFCC and its clients is important and agree to maintain as confidential information or knowledge gained through my Services. Generally speaking, all information that is not publicly available or in the public domain is considered "confidential I agree to maintain such confidentiality while volunteering at NFCC and thereafter. I further understand that my violation of this confidentiality provision could result in immediate release from NFCC.
4. It is my express intent that this Waiver, Release, and Hold Harmless Agreement ("Agreement") shall bind my successors, assigns, heirs, and personal representative.
5. I acknowledge and agree that this Agreement will be construed in accordance with the laws of the State of Georgia.
6. Release: Volunteer hereby irrevocably grants and conveys unto NFCC, without limitations, all right, title and interest in any and all photographs and video or audio recordings taken of Volunteer during their activities with NFCC including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. Volunteer consents, in advance, to NFCC's use of Volunteer's name, photograph, voice, or likeness for all promotional purposes related to NFCC and its sponsors and beneficiaries and waives all rights to privacy in connection therewith.
7. By signing below, I acknowledge and represent that I have read and understand all of the foregoing, have been advised that I should consult with my own legal counsel prior to signing this Agreement, hereby execute this Agreement voluntarily, as my own free act and deed and that no oral representations, statements or inducements have been made by any of the Released Parties in connection with this Agreement.
8. I agree that my email may be used to receive NFCC's monthly E-Newsletter. To opt out, initial here \_\_\_\_\_

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

Parent Must Sign if Volunteer is Under 18 Student Age: \_\_\_\_\_

Contact in Case of an Emergency: \_\_\_\_\_ Telephone #: \_\_\_\_\_



## Health Announcement – Coronavirus Monitoring

### Visitor/Volunteer Acknowledgment

North Fulton Community Charities recognizes the threat of coronavirus and we are closely monitoring the developments around the globe to ensure that we're highly prepared. The safety of our staff, volunteers, and the people in the communities we serve is our greatest priority.

We will continue to observe the advice of the **UN World Health Organization (WHO)**, **US Center for Disease Control and Prevention (CDC)** and relevant state and local authorities and take proactive measures to minimize the risk of coronavirus transmission.

For the protection of our staff and volunteers, we ask that you not be on site if you have:

- **experienced symptoms associated with the COVID-19 virus, including cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, fatigue, or new loss of taste or smell within the last 14 days**
- **been exposed to someone with COVID-19 within the last 14 days**
- **traveled to any foreign country in the last 14 days**
- **been on a cruise or in an airport in the last 14 days**

While on site, we will expect you to follow CDC guidelines for wearing cloth face coverings in public settings, maintaining social distancing of 6 –10 feet from staff and others, washing and sanitizing hands, covering coughs/sneezes, avoiding face touching, and appropriate glove usage.

North Fulton Community Charities will continue to monitor the CDC for the latest information about COVID-19.

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**I affirm that I meet the health standards and will abide by the guidelines identified above. I agree that should I become ill or show symptoms that could be related to COVID-19, I will inform NFCC of my symptoms or illness, leave the site immediately and not return until I am symptom free for 14 days after the first assessment.**

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**Visitor/Volunteer Name (print)**

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**Date**

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**Visitor/Volunteer Signature**