



Volunteer Information Sheet

First Name	
Last Name	
DOB	
MM/YY first time at InRETURN	
Address	
Email	
Home Phone	
Cell Phone	
Emergency Contact First and Last Name	
Contact's Phone Number	
Volunteer Organization (school, grade, business, church)	

WAIVER OF LIABILITY FOR VOLUNTEERS



Volunteer's Name: _____

Volunteer's Address: _____

This Release and Waiver of Liability executed on _____, ____ by _____ (Volunteer) releases InRETURN (Nonprofit) a nonprofit corporation organized and existing under the laws of the State of Ohio, and each of its Directors, Officers, Employees, Agents, Successors and Assigns. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities relating to those volunteer services. Please read the following conditions that apply to your service as a volunteer.

1. I wish to volunteer my time, effort, and services as a volunteer to assist InRETURN.
2. As a volunteer, I donate my time, effort, and services to InRETURN and understand that I will receive no compensation for those services.
3. I recognize and understand that my volunteer activities for InRETURN could expose me to the possibility of injury to my person and property and that I could suffer injury as a result of an accident or other unforeseen circumstance.
4. I recognize that as a volunteer, I am not covered by any workers compensation or similar insurance that would pay my medical bills incurred because of any injury I may receive while performing services as a volunteer.
5. Despite this risk of injury and lack of workers compensation or other medical insurance coverage from InRETURN, I knowingly and voluntarily waive any and all claims, actions, or causes of action against InRETURN and agree to hold InRETURN, its trustees, directors, agents, affiliates, employees, successors and assigns harmless for any injury or damage that I may suffer as a result of my activities as a volunteer for InRETURN.

6. I understand and acknowledge that this release discharges InRETURN from any liability or claim that I might have against InRETURN with respect to bodily injury, personal injury, illness, death or property damage that may result from the services I provide to InRETURN or occurring while I am providing volunteer services. In addition I release and forever discharge InRETURN from any claim that arises or may hereinafter arise on account of any first aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with InRETURN.
7. I grant and convey to InRETURN all right, title and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by InRETURN in connection with my providing volunteer services to InRETURN.
8. As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that this Release will be governed by and interrupted in accordance with the laws of the State of Ohio. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

Signature of Volunteer

Signature of Director
InRETURN

Date: _____

Signature of Parent or Guardian if
is under 18 years old.

Printed Name of Parent or Guardian Volunteer