



Volunteer Agreement & Waiver

Volunteer agreement: I have agreed to work as a volunteer for the Northwest Sarcoma Foundation and do so of my own free will. As a volunteer, I am not an employee or agent of the Northwest Sarcoma Foundation . I understand this role does not include compensation or payment of any kind. Furthermore, I acknowledge that the Northwest Sarcoma Foundation does not offer health insurance, workers' compensation insurance, or any such employee benefit to volunteers. As a volunteer, I agree to maintain my own health insurance during my time as a volunteer for the Northwest Sarcoma Foundation.

Risk agreement: I fully recognize and accept that volunteering has risks and unforeseen dangers (such risks could be, but are not limited to: mental/ emotional stress or physical injury). I have read the detailed job description for the volunteer duties I am accepting and understand the minimum requirement. I understand that I have the right to review each activity prior to my participation and choose to participate of my own free will. I have read and understand the Northwest Sarcoma Foundation's mission statement. I pledge to act and perform within those expectations.

Waiver, release, hold harmless, and indemnification agreement: I acknowledge that the Northwest Sarcoma Foundation does not guarantee safety. I voluntarily waive, release, and hold harmless the Northwest Sarcoma Foundation, its board, employees, agents, and other volunteers from all claims, accidents, injuries, or death that result from actions related to my volunteer activities. I understand that this document disqualifies me from recovering damages against the Northwest Sarcoma Foundation should I be injured in the course of my duties. I shall defend, hold harmless, and indemnify the Northwest Sarcoma Foundation, its board, employees, agents, and other volunteers from and against all claims, accusations, notices, judgments, rulings, liabilities, expenses, etc. that may exist as a result of my actions, inactions, errors, acts, or omissions.

Photographic Release: I grant and convey to the Northwest Sarcoma Foundation all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by the Northwest Sarcoma Foundation in connection with my providing volunteer services to the Northwest Sarcoma Foundation.

Acknowledgement and signatures: I have read and fully understand the above waiver. I understand that by signing this document I am giving up certain rights and accepting certain duties.

Volunteer Name: _____

Volunteer Signature: _____

Date: _____

Emergency Contact Name: _____

Phone: _____

If volunteer is under age 18 - required:

Legal Parent/Guardian Signature: _____

Date: _____