



# A Simple Gesture

*Anacortes*

## VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM

This Release and Waiver of Liability (the “release”) executed on (date) \_\_\_\_\_  
by (name of volunteer candidate) \_\_\_\_\_ (“Volunteer”) releases  
**A SIMPLE GESTURE—ANACORTES**, (“Nonprofit”) a nonprofit corporation organized and existing under  
the laws of the State of Washington and each of its directors, officers, employees, and agents. The  
Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving  
as a volunteer \_\_\_\_\_ [insert title of  
volunteer service such as: “volunteer driver,” “warehouse volunteer,” etc.].

Volunteer understands that the scope of Volunteer’s relationship with Nonprofit is limited to a  
volunteer position and that no compensation is expected in return for services provided by Volunteer;  
that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and  
that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or  
illness as a result of Volunteer’s services to Nonprofit.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless  
Nonprofit and its successors and assigns from any and all liability, claims, and demands of  
whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the  
services I provide to Nonprofit. I understand and acknowledge that this Release discharges  
Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily  
injury, personal injury, illness, death, 9or property damage that may result from the services I  
provide to Nonprofit or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Nonprofit does not assume any responsibility for or  
obligation to provide me with financial or other assistance, including, but not limited to,  
medical, health or disability benefits or insurance of any nature in the event of my injury, illness,  
death or damage to my property. I expressly waive any such claim for compensation or liability  
on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of such  
injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim  
whatsoever which arises or may hereafter 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 Nonprofit.
4. Assumption of Risk: I understand that the services I provide to Nonprofit may include activities  
that may be hazardous to me including, but not limited to: \_\_\_\_\_

\_\_\_\_\_ involving inherently dangerous activities. As a volunteer, I hereby expressly assume the risk of  
injury or harm from these activities and Release Nonprofit from all liability for injury, illness,  
death or property damage resulting from the services I provide as a volunteer or occurring while

I am providing volunteer services.

5. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.
  
6. Other: 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 Washington and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. 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.

IN WITNESS WHEREOF, Volunteer has executed into this Release and Waiver of Liability willingly and voluntarily as of the day and year first above written.

**Volunteer:**

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number(s)** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Group/Organization Association (if applicable)** \_\_\_\_\_

**In case of emergency, please contact:**

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**\*\*\*\*\*If the volunteer is under the age of 18, a parent or legal guardian must sign.\*\*\*\*\***

**PARENTAL CONSENT**

**Print Name / Signature** \_\_\_\_\_ **(if Volunteer is 18 or under)**

**Does participant have a history of: Allergies**     No     Yes    **To What?** \_\_\_\_\_

**Chronic Illnesses?** \_\_\_\_\_

**Takes regular medications? (Please specify)** \_\_\_\_\_

**Minor's regular physician** \_\_\_\_\_ **Office telephone:** \_\_\_\_\_

**Physician's office address:** \_\_\_\_\_