

IMPOWER, Inc.
Volunteer Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, 20____, by _____ (the "Participant") in favor of **IMPOWER, INC.**, a nonprofit corporation organized and existing under the laws of the State of Florida, USA, its directors, officers, employees, volunteers and agents (hereafter known as IMPOWER.").

I, the Participant, desire to volunteer with IMPOWER to provide and engage in the activities related to offering these services. I understand that the activities may include, but are not limited to, travel; transportation in my own vehicle; moving and lifting heavy objects; cooking and serving food; and working with other volunteers and IMPOWER staff, hereby freely and voluntarily, without duress, execute the Release under the following terms:

1. **Waiver and Release.** I, the Participant, release and forever discharge and hold harmless IMPOWER from any claim or liability that I, the Participant, may have against IMPOWER with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in these volunteer activities. I also understand that IMPOWER does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage.

2. **Confidentiality Agreement.** All clients served by IMPOWER have confidentiality expectations. As a part of your volunteer experience, you may come in contact with clients of IMPOWER or information about clients of IMPOWER. You must keep any information that you see, hear or are exposed to confidential. This includes identifying any client by name to others outside of IMPOWER. Photography of clients without written permission from IMPOWER is prohibited. If you have any questions or concerns about our clients, their information or about confidentiality, please contact IMPOWER.

3. **Insurance.** IMPOWER does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for the Participant. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS AN IMPOWER VOLUNTEER.

4. **Medical Treatment.** Except as otherwise agreed to by IMPOWER in writing, I hereby release and forever discharge IMPOWER 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 time with IMPOWER. Should it be necessary for me to receive medical treatment while participating in this activity, I hereby give permission for the persons leading or directing this activity, to use their best judgment obtaining medical attention/treatment for me. (In that event the persons leading or directing the activity may call 911 to attain emergency care for me). I further give permission to the physician/medical professional that is selected by the persons leading the group to render medical attention or administer medical treatment as that physician/medical professional deems appropriate and necessary. I also give permission for the person leading or directing this activity to use their best judgment to otherwise render any assistance (i.e. first aid, CPR, etc.) to me in the event of injury or illness. Any costs incurred for such medical attention/treatment shall be my sole responsibility.

5. **Assumption of Risk.** I understand that my time with IMPOWER may include activities that may be hazardous to me, including, but not limited to cooking and food preparation activities, loading and unloading of heavy equipment or materials, transportation to and from pick up/drop off sites and I recognize and understand that my time with IMPOWER may in some situations, involve inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and

release IMPOWER from all liability for injury, illness, death or property damage resulting from the activities of my time with IMPOWER.

6. **Photographic Release.** I grant and convey unto IMPOWER all right, title and interest in any and all photographic images and video or audio recordings made by IMPOWER during my work for IMPOWER, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

7. **Other.** I understand that it is my desire to further the work of IMPOWER by performing services as a Volunteer, specifically as a Volunteer with IMPOWER. I undertake to perform said services as a Volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of IMPOWER.

By signing below, I acknowledge that I have read and understand the terms of this release, that I have been fully and completely advised of potential dangers incidental to engaging in the activity, and am aware of the legal consequences of signing this release.

Volunteer Name (please print): _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Email Address: _____

Emergency contact: _____ Phone: _____

My medical insurance carrier: _____

Signature: _____ **Date:** _____

(If under 18, legal guardian signature) _____

Witness Name (please print): _____

Signature: _____ **Date:** _____

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VOLUNTEER RESPONSIBILITIES & GUIDELINES

As an IMPOWER volunteer, you are representing the agency to our community and to our clients. We greatly appreciate your being here and it is important that you hold yourself to high standards during your time of service. Please adhere to the following responsibilities, guidelines and expectations:

1. Volunteers are expected to fulfill their time commitments and communicate any changes directly to the volunteer coordinator prior to the expected time of service.
2. Volunteers should sign in and out each and every time they serve, properly documenting their hours.
3. Volunteers should wear an identification badge at all times while on campus.
4. All volunteers should inquire about appropriate attire prior to arrival at IMPOWER and dress accordingly. IMPOWER is not responsible for providing clothing for volunteers.
5. It is important that all volunteers maintain a positive and helpful attitude toward fellow volunteers, staff members, clients and visitors. IMPOWER is an environment where everyone should have a safe and pleasant experience and you are a key ingredient to this success! Due to the nature of our work, volunteers are likely to encounter uncomfortable experiences and/or conversations. In this scenario, it is important to maintain a supportive and respectful demeanor.
6. Honesty and integrity are expected through the words and actions of all volunteers. Never give false or misleading information. If you are unsure of something, do not be afraid to say so! Volunteers should strive to be well informed but never afraid to ask questions.
7. Volunteers who are exposed to confidential information including [but not limited to] crime incidents, accident reports and personal client information should not discuss this information outside the context of their volunteer role. Questions that arise which might breach confidentiality should be referred directly to an IMPOWER staff member.
8. Volunteers are serving as representatives of IMPOWER and should not publically argue or discuss points of dissention during their time of service. The volunteer coordinator is happy to discuss any concerns prior to or after the time of service.
9. In order to offer optimal and fair service to our clients, there shall be no overlapping between clients and volunteers. If you are seeking services or assistance, you are serving as a client and may not serve as a volunteer simultaneously. As a volunteer, under no circumstance should you receive a reward, payment, handout or tangible benefit from your volunteer service. Use of IMPOWER property, donated items or equipment [or acceptance of gratitude from the public] for personal benefit is not permitted.
10. All volunteers should take safety seriously during their time of service and strive to set a responsible example. Prior to serving, it is recommended that volunteers become familiar with their workspace and anticipate any potential hazards. Volunteers should notify the volunteer coordinator or program supervisor of any physical limitations or health risks prior to serving.
11. In case of a medical emergency, volunteers should comply with all posted safety standards and procedures and assist at the scene with first aid ONLY they are qualified to perform. Volunteers are not considered employees or agents of IMPOWER and therefore are not eligible for worker's compensation or medical insurance. IMPOWER is not responsible and will not be held liable for any accidents that take place during volunteer service. All accidents, however, should be reported to the volunteer coordinator and/or program supervisor immediately.

I have read and agree to the aforementioned volunteer responsibilities, guidelines and expectations.

Participant Name (please print): _____

Signature: _____ **Date:** _____

(If under 18, legal guardian signature) _____