



60 Main Street
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VOLUNTEER RELEASE MUST BE SIGNED BY ALL VOLUNTEERS,
REGARDLESS OF AGE

EVENT: _____ DATE(S) OF EVENT: _____

VOLUNTEER INFORMATION:

FIRST & LAST NAME: _____ AGE (if minor): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ WORK OR CELL PHONE: _____

FULL NAME OF EMERGENCY CONTACT: _____

EMERGENCY CONTACT'S RELATIONSHIP TO YOU: _____

EMERGENCY CONTACT PHONE: _____

ALTERNATE PHONE NUMBER(S): _____

WOULD YOU LIKE TO BE CONTACTED TO LEARN ABOUT OTHER OPPORTUNITIES TO VOLUNTEER FOR THE WHITIN COMMUNITY CENTER AND THE WHITIN COMMUNITY CENTER'S OUTREACH PROGRAM? YES NO

**RELEASE AND WAIVER OF LIABILITY FOR ALL VOLUNTEERS - Please Read Carefully!
This Is A Legal Document That Affects Your Legal Rights!**

This Release and Waiver of Liability (the "Release") executed on this ___ day of _____, by _____, a volunteer, or a parent/guardian for a minor child volunteer, the parent having legal custody and/or the legal guardian of the volunteer (the "guardian"), in favor of the Whitin Community Center, a nonprofit corporation, of Whitinsville, Massachusetts, their directors, officers, employees, and agents. The Volunteer and Guardian desire that the Volunteer work as a volunteer for the Whitin Community Center and engage in the activities related to being a volunteer (the "Activities"). The Volunteer or Parent/ Guardian of Minor Child Volunteer do hereby freely, voluntarily, and without duress execute this Release under the following terms:

Photographic Release. Volunteer or Parent/ Guardian of Minor Child Volunteer do hereby grant and convey unto the Whitin Community Center all right, title, and interest in any and all photographic images and video or audio recordings made by Whitin Community Center during the Volunteer's Activities with Whitin Community Center, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Parental Authorization for Treatment of a Minor Child. AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I grant my authorization and consent for Agents of the Whitin Community Center (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

I affirm that I am the volunteer or parent/guardian of the below named volunteer. I understand that the agency volunteer program does not provide compensation and that the service will not confer on the volunteer the status of a Whitin Community Center employee.

I give permission for _____ to participate in the specific volunteer activity on the specific date(s) noted above.

Parent/Guardian Signature (if minor child is volunteer): _____ Date: _____

Volunteer Signature: _____ Date: _____