

Adult Volunteer Waiver and Release

Name: _____ Birth Date: _____ Age _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Any known allergies; health, physical or psychological limitations; or emergency medications: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____ Alternate Phone or other Contact Information: _____

Please read the following agreement and sign below:

I, the undersigned, desire to volunteer service through the Autism Society of Central Virginia (hereinafter the "ASCV"). As a volunteer in opportunities through the ASCV, I hereby agree and release the ASCV and its directors, officers, agents, employees, successors, and affiliates, and all affiliated entities as follows:

1. I understand that as I am a volunteer, and not an employee of ASCV, the nature of the volunteer services performed by ASCV volunteers may involve potential risk of injury. I willingly and freely assume any and all risk in connection with my efforts or participation, including risk of accident or injury to my person or my property, which I may sustain in connection with my participation as a volunteer.
2. I acknowledge that ASCV is involved in assisting children, teens, and adults with autism, and their families. I understand that for the protection of the population served, ASCV requires disclosure of criminal background by all volunteers. I hereby confirm, represent, and warrant that I have never been convicted of or charged with any felony or violent crime, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.
3. I HEREBY RELEASE ASCV FROM LIABILITY FOR ANY AND ALL CLAIMS ARISING OUT OF OR RELATING TO MY PARTICIPATION AS A VOLUNTEER OF ASCV OR IN ANY RELATED ACTIVITY OR PROJECT, INCLUDING, WITHOUT LIMITATION, ANY NEGLIGENCE OF ASCV.
4. I understand ASCV does not carry motor vehicle, health, workers' compensation, or disability insurance coverage for any volunteer. To the extent that I utilize a vehicle for transportation or other purposes in connection with a volunteer project or activity, I hereby represent and warrant that I have a current automobile liability insurance policy in force that includes bodily injury and property damage.
5. I further grant to ASCV, my consent to use my name, photograph, likeness, image, voice and biography in any publications, in connection with my participation with ASCV.
6. I acknowledge that when I attend a volunteer project with my child/ward, I am responsible to provide adequate supervision for my child/ward throughout the duration of the project.
7. I release and forever discharge ASCV from any claim whatsoever which arises on account of any first aid or medical treatment rendered in connection with my volunteer activities for ASCV. I understand that all health, accident, disability, and hospitalization costs are my responsibility.
8. I will notify an ASCV agent or employee directly if I have physical or psychological condition(s), allergy(ies) (whether to medication, food, or otherwise), medications or other pertinent medical information to which the ASCV should be aware.
9. To the extent that I am taking any medication(s) at any time while volunteering with ASCV, I acknowledge that I am solely responsible for the timely and appropriate administration of medication(s).
10. I acknowledge that the above information is true, correct, and complete as of the date this Waiver and Release is being signed. I agree to provide updated information to ASCV, if reasonably necessary, between the date hereof and the conclusion of my participation in volunteer activities through ASCV.
11. I agree to indemnify, defend, and hold harmless ASCV from and against any and all claims, demands, expenses or causes of action arising out of, or related to, any medical treatment provided to me during my volunteer activities with ASCV.
12. This release is for the benefit of ASCV. The laws of the State of Virginia shall govern this release. This waiver and release will remain valid for future volunteer activities unless revoked in writing.

I have read, understand and agree to the above statements:

SIGNATURE_____
PRINTED NAME_____
DATE