



5330 East 31st Street, Suite 1000
Tulsa, Oklahoma 74135
918.585.1213

915 North Robinson Avenue
Oklahoma City, Oklahoma 73102
405.943.3700

VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM
THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, 20__ on behalf of _____, (the "Volunteer").

The Volunteer releases **Mental Health Association Oklahoma** (the "Nonprofit"), a nonprofit Community Service Club organized and existing under the laws of the United States as a Section 501(c) (4) tax exempt corporation, each of its directors, officers, employees, and agents.

This completed form is due by first date of volunteer service to program coordinator.

I, the above named Volunteer, do hereby give my consent to participation in all activities of the Nonprofit. The Volunteer understands that the scope of the Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; and that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer. The Volunteer desires that the Volunteer engage in activities related to serving or participating in the Nonprofit's activities as a player, participant or volunteer. The Volunteer is responsible for the Volunteer's own insurance coverage in the event of personal injury or illness as a result of participation in activities of the Nonprofit.

1. Waiver and Release: I 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 activities as a Volunteer with the Nonprofit, including claims arising out of negligence. 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, or property damage that may result from the services the Volunteer provides to Nonprofit or occurring while Volunteer is providing volunteer services.
2. Insurance: I affirm that I am covered by primary medical insurance and understand that I am responsible for my medical bills if injury occurs. Further, I understand that Nonprofit does not assume any responsibility for or obligation to provide the Volunteer with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of the Volunteer's injury, illness, death or damage to his or her 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 the Volunteer.
3. Assumption of Risk: I understand that the services provided by me to Nonprofit may include activities that are inherently dangerous to me, including but not limited to _____. I hereby expressly assume the risk of injury or harm to me 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 participating in events.



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4. Photographic Release: I, grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video or audio recordings of the Volunteer or his or her likeness or voice made by Nonprofit in connection with the Volunteer participating in Nonprofit events, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
5. 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. I give my consent for the Nonprofit to provide, administer, or obtain medical treatment for me.
6. Other: I, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of _____ and that this Release shall be governed by and interpreted in accordance with the laws of the State of _____. 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.

By signing below, I, the above named Volunteer, express my understanding and intent to enter into this Release and Waiver of Liability knowingly and voluntarily.

Signature

Date

Print Name

Emergency Contact Name & Relationship

Emergency Contact Phone Number