

# Volunteer Waiver Form

## Liability Waiver & Agreement Form



Thank you for choosing to volunteer with Peer Support Network! Peer Support Network is a nonprofit organization whose mission is to aid in improving the quality of life for adults between the ages of 18 and 65 years with acquired disabilities. Support is provided through financial, material, and time donations, utilizing a peer to peer platform, and is based on individual needs.

Peer Support Network asks for you, the volunteer, to review and confirm your understanding of the information below:

**Safety & Policy Rules** - I, the volunteer, agrees that for my own safety and for the safety of others, I will comply with Peer Support Network's volunteer safety and policy rules. If supervising any minor or other persons I will be responsible for, I will ensure the safety of all persons supervised and alert Peer Support Network if any hazardous conditions or dangers occur. If I become aware of any hazardous conditions or dangers, I will alert Peer Support Network immediately.

**Awareness & Assumption of Risk** - I understand that Peer Support Network activities have inherent risks that might occur from the activities itself, my own actions or inactions, or the actions or inactions of Peer Support Network including other volunteers, directors, and others present at Peer Support Network sites. These risks include arising from physical exertion, lifting heavy objects, conditions at sites, using objects or other tools, traveling to or from a site, or interacting with other volunteers, directors, and others present at Peer Support Network. I assume full responsibility for any and all risks of bodily injury, death or property damage caused by or arising directly or indirectly from my presence at Peer Support Network sites or participation in Peer Support Network activities, regardless of the cause.

**Waiver & Release of Claims** - I agree to waive and release any claims against Peer Support Network and its directors, including any claims for death or for injury to my person or property resulting from my participation as a volunteer for Peer Support Network. I agree not to sue any of the Released Parties on the basis of these waived and released claims. I waive the protections of Section 1542 of the California Civil Code, which provides that a general release does not extend to certain claims not known to me at the time I signed this waiver and release.

**Confidentiality** - As a volunteer, I understand I may have access to confidential information. At all times during and after my participation, I agree to hold such information confidential in confidence and not disclose or use it except as required in my volunteer activities or as Peer Support Network's executive director expressly authorizes in writing.

**Publicity** - I consent to the use by Peer Support Network of my image, voice, name and/or story in any format including video, print, or electronic (collectively, the "Materials"), as Peer Support Network may deem appropriate to promote its programs. Peer Support Network may make the Materials available to its discretion to third parties, on Peer Support Network's website, in Peer Support Network publications, or through any other media, including social networking websites. I waive any right to inspect or approve the finished product or to receive any payment. I grant to Peer Support Network all copyrights in the Materials and waive any legal claims, including those relating to copyright, or rights of publicity or privacy.

If you do not wish to agree to this consent, please check this box: ☐

**Work Product** - If I prepare any work product for Peer Support Network, I grant full and exclusive rights to such work product, including brochures, reports, websites, software, presentations, or other materials I create or help to create for Peer Support Network. Accordingly, I: (a) assign to Peer Support Network all rights, title, and interest worldwide in the work product; (b) grant to Peer Support Network an irrevocable, exclusive, royalty-free, perpetual, and worldwide license to any rights in the work product that cannot be assigned to Peer Support Network; and (c) waive enforcement against Client of any rights in the work product that cannot be assigned or licensed to Peer Support Network.

**Volunteer Recognition** - I understand that as a volunteer of Peer Support Network that I am not an employee and that I will not be paid for my participation as a volunteer. I am not covered by or eligible for any Peer Support Network insurance, health care, worker's compensation, or other benefits. I may choose at any time to not participate in an activity, or to stop my participation entirely, with Peer Support Network with 30 day notice unless the Board of Directors deem otherwise.

**Final Understanding** - I understand that this agreement will be binding for the duration of my involvement with Client's programs. This is the final, complete, and exclusive agreement Peer Support Network and me, and supersedes all prior or contemporaneous communications or understandings, either oral or written. This agreement will be binding to the fullest extent allowed by law. If any provision of this agreement is found to be illegal, invalid or unenforceable, the remaining terms will be effective.

I have read this agreement and fully understand its terms. I sign it voluntarily and freely.

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Volunteer Name	Volunteer Signature	Date
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Parent's/Guardian's Name (if under 18) Date	Parent's/Guardian's Signature
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Witness Name	Witness Signature	Date
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Emergency Contact Name Contact	Relation to Volunteer	Phone
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**\*\*In order for the waiver form to be accepted, the entire form must be submitted and completed in entirety. If an exception must be made, please contact [peersuppnetwork@gmail.com](mailto:peersuppnetwork@gmail.com) to communicate said exception.**