

# E.V.O.L.V.E Center

## Volunteer Liability Waiver and Agreement

*By signing below, I, the volunteer (or volunteer's legal guardian), acknowledge that entry into this agreement ("Agreement") is in consideration of my participation as a volunteer, and confirm my understanding and agreement to the following:*

### **Policies and Safety Rules**

I will comply with the E.V.O.L.V.E Center volunteer policies, safety rules, and conduct expectations. I understand that the E.V.O.L.V.E Center does not tolerate bullying, harassment, threatening behavior, or violence of any kind. I understand that noncompliance may result in termination of my volunteer status.

### **Risks Associated with Volunteering**

Volunteering for the E.V.O.L.V.E Center has risks. I understand that these risks include risks of injury, illness, death, and property damage or loss, and that they may arise from my own actions or from the actions of others at or near the E.V.O.L.V.E Center facilities or when traveling for activities offsite. I also understand that even if the E.V.O.L.V.E Center, I, and other persons present at the E.V.O.L.V.E Center facilities follow all health and safety protocols, I may still be exposed to COVID-19 or other infectious diseases.

### **Disclosure of Medical Conditions**

I understand that I am solely responsible for knowing my own physical condition and making my own decision about volunteering. I have disclosed all medications and conditions relevant to my participation to my direct contact at the E.V.O.L.V.E Center, including chronic conditions such as asthma, allergies, seizures, or diabetes. I understand that the E.V.O.L.V.E Center needs such information because some medication side effects, or medical conditions could affect my safety or that of others at the E.V.O.L.V.E Center. I consent to the E.V.O.L.V.E Center sharing this information with health professionals, or first responders should I become ill or injured while at Client facilities.

### **Medical Care Consent and Waiver**

I authorize the E.V.O.L.V.E Center to provide me with first aid and to arrange medical assistance, transportation, and emergency medical services for me if I get hurt while volunteering. I understand that the E.V.O.L.V.E Center is not obligated to provide this care. I also understand that I am solely responsible for any costs related to my medical treatment and transport, and that the E.V.O.L.V.E Center does not provide health, medical, disability, or other insurance coverage for me.

### **Confidentiality**

At all times during and after my participation, I agree to hold any confidential information in confidence and not disclose or use it except as the E.V.O.L.V.E Center expressly authorizes.

### **General Provisions**

I understand that this agreement will be binding for so long as I am a volunteer with the E.V.O.L.V.E Center. This Agreement will run in favor of, and may be enforced by, each of the E.V.O.L.V.E Center parties, and will bind my heirs, next of kin, and legal representatives. This Agreement will be binding to the fullest extent permitted by law. If any provision of this Agreement is found to be unenforceable, the other terms remain effective. This Agreement will be governed by Virginia law.

## Medical Information

Does the participant have any allergies? Y \_\_\_ N \_\_\_

Is an Epi-pen or medication required for any allergy? Y \_\_\_ N \_\_\_

Does the participant have **any** medical conditions that we should be aware of present or past?  
Y \_\_\_ N \_\_\_

## Waiver and Release of Liability

I hereby release and hold harmless The EVOLVE Center, its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns from all liability for personal injury, including death, as well as all property damage or loss arising out of my child's participation in this event. I understand that this release and indemnification releases liability for the conduct of The EVOLVE Center, employees, agents, representatives, volunteers, heirs, executors, and assigns.

I affirm that I am of legal age and able to sign on my own behalf and am freely signing this Agreement. I have read this Agreement and fully understand that by signing this Agreement, I am giving up legal rights and remedies that may be available to me and to other persons. Y \_\_\_ N \_\_\_

I affirm that I am the parent or legal guardian of the participant and am freely signing this document on their behalf. I certify that I have the authority to sign on behalf of the participant and to make decisions for the participant regarding volunteering. I also waive and release the E.V.O.L.V.E. Center parties from any and all liability, claims, costs, and damages of any kind which I may have resulted or arising directly or indirectly from the participant's participation in volunteering. I have read this Agreement and fully understand that by signing this Agreement, I am giving up legal rights and remedies that may be available to the participant, to me, and to other persons. Y \_\_\_ N \_\_\_

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Signature (of parent/guardian, if applicable)

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Participant name (if parent/guardian signs)

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Print name

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Date

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Emergency Contact Name

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Emergency Contact Number