

**ADULT VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM**  
**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 \_\_\_\_\_, 20\_\_ on behalf of \_\_\_\_\_, (the "Volunteer"). The Volunteer releases Young Angels (the "Nonprofit"), a nonprofit organized and existing under the laws of the State of Florida, United States as a Section 501(c) (4) tax exempt corporation, each of its directors, officers, employees, and agents.

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 the medical and mental conditions of the grandparent you adopted. 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.

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

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 Florida and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida, 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.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY FOR MINORS**  
**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 \_\_\_\_\_, 202\_\_, by \_\_\_\_\_, a minor child (the "Volunteer"), and \_\_\_\_\_, the parent having legal custody and/or the legal guardian of the volunteer (the "Guardian"), in favor of Young Angels, a nonprofit corporation, their directors, officers, employees, and agents (collectively, "Nonprofit"). The Volunteer and Guardian desire that the Volunteer work as a volunteer for Nonprofit and engage in the activities related to being a volunteer (the "Activities"). The Volunteer and the Guardian understand that the Activities may include spending time with a senior citizen. The Volunteer and Guardian do hereby freely, voluntarily, and without duress execute this Release under the following terms:

**Release and Waiver.** Volunteer and Guardian do hereby 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 Volunteer's Activities with Nonprofit. Volunteer and Guardian understand that this Release discharges Nonprofit from any liability or claim that the Volunteer or Guardian may have against Nonprofit with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Nonprofit, whether caused by the negligence of Nonprofit or its officers, directors, employees, or agents or otherwise. Volunteer and Guardian also understand that Nonprofit does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**Medical Treatment.** Volunteer and Guardian do hereby release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Nonprofit or with the decision by any representative or agent of Nonprofit to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child. Assumption of the Risk. The Volunteer and Guardian understand that the Activities may include work that may be hazardous to the Volunteer, including, but not limited to, the mental or physical condition of the adopted grandparent. Volunteer and Guardian hereby expressly and specifically assume the risk of injury or harm in the Activities and release Nonprofit from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance.** The Volunteer and Guardian understand that, except as otherwise agreed to by Nonprofit in writing, Nonprofit does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

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

Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Volunteer Printed Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_