

Volunteer Release Form

Organization Name: Project Butterfly
Address: admin@projectbutterflyatl.org
Phone: 770-770-0443

Volunteer Information

Name:	_____
Address:	_____
Phone:	_____
Email:	_____
Emergency Contact:	_____
Relationship:	_____
Phone:	_____

Volunteer Agreement and Release of Liability

- 1. Voluntary Participation** – I acknowledge that my participation is completely voluntary and that I will not receive financial compensation.
- 2. Assumption of Risk** – I understand that volunteering may involve certain risks, including but not limited to physical activity, transportation, and interaction with the public. I voluntarily assume all risks related to my participation.
- 3. Release of Liability** – I release and hold harmless [Organization Name], its directors, officers, employees, and other volunteers from any and all liability, claims, or demands arising out of my participation in volunteer activities.
- 4. Medical Treatment** – In case of injury or illness, I authorize [Organization Name] to obtain emergency medical treatment if necessary. I understand I am responsible for any costs related to such treatment.
- 5. Confidentiality** – I agree to respect the confidentiality of all individuals served by [Organization Name].
- 6. Photography and Media Release** – I grant permission for [Organization Name] to use photographs or video recordings of me for promotional or educational purposes.

Volunteer Signature

Volunteer Signature:	_____
Printed Name:	_____

Date:	_____
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For Volunteers Under 18

Parent/Guardian Consent

I am the parent/legal guardian of the minor named below. I give permission for my child to volunteer with [Organization Name] and agree to all terms above. I understand that all provisions of this release apply to my child.

Minor's Name:	_____
Minor's Age:	_____
Parent/Guardian Name:	_____
Parent/Guardian Signature:	_____
Date:	_____