



**Volunteer Release and Waiver of Liability Form**

**Volunteer's Name (Print):** \_\_\_\_\_

This Release and Waiver of Liability executed on \_\_\_\_\_  
by \_\_\_\_\_ in favor of Outreached Arms, a nonprofit corporation organized and existing under the laws of the State of Pennsylvania and each of its directors, officers, employees, and agents.

I, the Volunteer, desire to work as a volunteer for Outreached Arms in the activities related to being a volunteer in the community to serve homeless and foster children.

I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

1. **Waiver and Release.** I, the Volunteer, release and forever discharge and hold harmless Outreached Arms 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 my volunteer work with Outreached Arms.  
I understand and acknowledge that this Waiver discharges Outreached Arms from any liability or claim that I, the Volunteer, may have against Outreached Arms with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the Outreached Arms work site. I also understand that Outreached Arms 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, illness, death, or property damage.
2. **Insurance.** I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of Outreached Arms beyond what may be offered freely by the representation of Outreached Arms in the event of such injury or medical expense.
3. **Medical Treatment.** I hereby release and forever discharge Outreached Arms 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 time with Outreached Arms.
4. **Assumption of the Risk.** I understand that my time with Outreached Arms may include activities hazardous to me, including, but not limited to, kitchen hazards.  
I hereby expressly and specifically assume the risk of injury or harm in these activities and release Outreached Arms from all liability for injury, illness, death, or property damage resulting from the activities of my time with Outreached Arms.
5. **Photographic Release.** I grant and convey unto Outreached Arms all right, title, and interest in any and all photographic images and video or audio recordings made by Outreached Arms during my work for Outreached Arms, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
6. **Other.** I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Pennsylvania in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws if the State of Pennsylvania. I agree that in the event that any clause or provision of this Waiver 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's Signature	Date	Parent/Guardian Signature	Date
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Church, Organization, Etc. (if applicable)

Street Address	City	State	Zip Code
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Email Address	Telephone Number
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