CLARYN Foundation Volunteer Participation & Liability Waiver

Participant Name: _____ Date: _____

Parent/Guardian (if under 18): _____

I acknowledge that volunteering with CLARYN Foundation may involve physical activity, lifting, operating equipment, and working in environments such as warehouses, community sites, or kitchens. I certify that I am physically able to participate and will alert staff if accommodations are needed.

ASSUMPTION OF RISK & RELEASE

I voluntarily assume all risks associated with volunteering and, on behalf of myself and my heirs, release and hold harmless CLARYN Foundation, its officers, employees, partners, and agents from any liability for illness, injury, or property damage that may result from my participation, except where prohibited by law.

MEDICAL AUTHORIZATION

I authorize CLARYN Foundation to seek emergency medical treatment on my behalf if necessary and agree to be fully responsible for any related costs.

YOUTH VOLUNTEERS (AGES 16â 18)

Unaccompanied youth must submit this Youth Volunteering Waiver in addition to the General Volunteer Waiver, and participate only with written consent from a parent or guardian. Youth groups require at least one adult chaperone for every five volunteers.

PHOTO & MEDIA RELEASE

I grant CLARYN Foundation permission to photograph or record my participation and to use those images for outreach and fundraising purposes without further compensation.

CODE OF CONDUCT

I will follow all safety instructions, arrive on time, wear required attire (including closed-toe shoes), and treat fellow volunteers, staff, and community members with respect. CLARYN Foundation may end my service at its discretion if policies are not followed.

SIGNATURES

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Emergency Contact & Phone: _____