

# Volunteer Program Media Waiver and Liability Form

## Volunteer Information

Full Name

Address

Phone

Email

## Media Waiver

I hereby grant permission to the organization to use photographs, video, and/or audio recordings of me taken during program activities for any lawful purpose, including publicity, illustrations, advertising, and web content.

I understand that I will not receive compensation for such use and that all media will remain the property of the organization.

## Liability Waiver

I recognize and appreciate the risks and dangers inherent in volunteering for this program. I knowingly and voluntarily assume all such risks, and hereby release and hold harmless the organization, its officers, employees, and agents from any and all liability, claims, or demands for any personal injury, illness, property loss, or damage that may arise during my participation in the program.

## Emergency Contact

Emergency Contact Name

Relationship

Phone

## Signature

---

Volunteer Signature

---

Date

**If Volunteer is Under 18**

Parent or legal guardian must sign below:

---

Parent/Guardian Signature

---

Date