

Volunteer Agreement and Release Form

Revised: January 31, 2021

Personal & Emergency Contact Information

Legal Name of Volunteer			
Phone		Email	
Home Address			
Emergency Contact		Relationship	
Phone		Email	

Liability Waiver and Release Agreement

Initials: _____

On behalf of myself and my estate, I hereby waive any right of recovery and I release the **Blue Ridge Pride Center, Inc. (BRPC)**, their officers, officials, employees, and agents, from liability related to myself, arising from any and all injury to persons and damage to property. Furthermore, I agree and undertake to indemnify, hold harmless and defend **BRPC** from and against all claims, damages, actions, liability, and expenses. These expenses include attorney's fees and other professional fees in connection with bodily injury including death, personal injury and/or damage to property arising from or out of my activities and participation in volunteer services associated with **BRPC**.

I further acknowledge and agree that **BRPC** does not assume any responsibility for my personal property. I will not hold **BRPC** liable for any loss or damage to same.

Authorization to Use Photographs and/or Audio-Visual Material

Initials: _____

I authorize **BRPC** to use, reproduce, and/or publish photographs and/or video that may pertain to me, including my image, likeness and/or voice, without compensation. I understand that this material may be used in various publications, public affairs releases, Internet Web pages, recruitment materials, broadcast public service advertising, or for other related endeavors.

This authorization is continuous and may only be withdrawn by my specific rescission of this authorization in writing to the **Executive Director**.

Confidentiality (not required for event volunteers)

Initials: _____

I understand that in the course of my work for **BRPC**, I may learn something about individuals that is personal and confidential. These individuals include clients, visitors, volunteers, staff, and contractors. Examples of personal information include medical conditions and treatments, finances, living arrangements, employment, sexual orientation, gender identity, and personal contact information. I will not disclose information of a personal nature to any person or for any purpose not authorized by **BRPC**, without specific consent of the individual to whom such information pertains.

I also understand that, in the course of my service, I may learn certain facts about **BRPC** that are considered proprietary. Examples include mailing lists, financial reports, strategic plans, fundraising plans, and program documents. I agree not to use or share information that is proprietary to **BRPC**, except as authorized by **BRPC**. I further agree not to keep it for personal use.

Name (please print)

Signature (if 18 years or older)

Date

Name of Parent or Legal Guardian (if under 18 years; please print)

Signature of Parent or Legal Guardian (if under 18 years)

Date