



## **Minors Volunteer Release and Waiver of Liability Form / Under the Age of 18**

This Release and Waiver of Liability (the "Release") is executed on this day by the signee below in favor of **The Norman Spruill House Foundation**. The signee desires to work as a Volunteer for **TNSHF** and engage in the Activities related to being a volunteer. The Volunteer does hereby freely, voluntarily, and without Duress executes this Release under the following terms:

**Waiver and Release** - Volunteer does hereby release and forever discharge and hold harmless **TNSHF** 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 Volunteer's work for **TNSHF**. Volunteer understands that this Release discharges **TNSHF** from Any liability or claim that the Volunteer may have against **TNSHF** with respect to any bodily Injury, personal injury, illness, death, property damage, or any other liability that may result from Volunteer's work for **TNSHF**, whether caused by the negligence of **TNSHF** or its officers, Directors, employees, agents or otherwise. Volunteer also understands that **TNSHF** does not assume any responsibility for, or obligation to provide, financial assistance or other assistance, including, but not limited to, medical, health, Workers' Compensation or disability insurance in the event of injury or illness.

**Medical Treatment** - Volunteer does hereby release and forever discharge **TNSHF** from any claim or liability whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's work for **TNSHF**.

**Assumption of the Risk** - The Volunteer understands that the work for **TNSHF** may include activities that may be hazardous to the Volunteer, including, but not limited to, kitchen-related duties, security duties, contact with clients, contact with other volunteers, and contact with the public generally. In connection thereto, Volunteer recognizes and understands that activities at **TNSHF** may, in some situations, involve inherently dangerous activities with dealing with the homeless. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases **TNSHF** from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer's work for **TNSHF**.

**Insurance** - the Executive Director, **TNSHF** does not carry or maintain health, medical or disability insurance coverage for any Volunteer. **Each Volunteer is expected and encouraged to obtain her or his own medical or health insurance coverage.**

**Other** - Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. Volunteer agrees that in the event that any clause or provision of the Release 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 Information (Please make sure the parent/guardian section is completed, as well)***

|                  |  |             |             |      |
|------------------|--|-------------|-------------|------|
| Last Name        |  | First Name  |             |      |
| Address          |  | City, State |             | Zip  |
| Email Address    |  | Cell Number | Work Number | Home |
| Current Employer |  | Title       |             |      |

**I have read this document in its entirety and I freely and voluntarily assume all risks of such Injuries and Damages and notwithstanding such risks, I agree to allow (Name of minor)**

\_\_\_\_\_ to volunteer or participate in the **TNSHF** activity/event(s). I hereby agree and consent to the foregoing Release on behalf of the minor below:

\_\_\_\_\_

***(Please Print) Name of Minor***

***Age***

\_\_\_\_\_

***Signature of Minor***

***Date***

\_\_\_\_\_

***(Please Print) Name of Parent/Guardian***

***Date***

\_\_\_\_\_

***Signature of Parent/Guardian***

***Date***

**Emergency Contact Information:**

|             |             |            |             |  |
|-------------|-------------|------------|-------------|--|
| Last Name   |             | First Name |             |  |
| Cell Number | Work Number |            | Home Number |  |