



VOLUNTEER RELEASE AND WAIVER OF LIABILITY

This VOLUNTEER RELEASE AND WAIVER OF LIABILITY (this "Release") is executed as of the date signed below by the individual named below ("I" or "me") in favor of El Reno Blessing Baskets, Inc, a not-for-profit corporation organized and existing under the laws of the State of Oklahoma, and its directors, officers, employees, volunteers, affiliates and agents (collectively, the "Organization"). I desire to volunteer for the Organization and engage in activities related to being its volunteer (the "Activities"). I understand that as a volunteer I will receive no compensation or remuneration for my services and will not be eligible for any employee benefits. I acknowledge that I am not an employee.

In exchange for being allowed to participate in the Activities as a volunteer and for other good and valuable consideration, the receipt and sufficiency of which I acknowledge, I hereby freely, voluntarily, and without duress execute this Release and agree to the following terms:

1. Assumption of Risk.

I am aware and understand that the Activities may be inherently dangerous and may expose me to a variety of foreseen and unforeseen hazards and risks. I understand these risks may include, but are not limited to, property damage, injury, death, allergens, illness, witnessing trauma and traumatic experiences, violence, possible exposure to wild animals, and other various hazards. I acknowledge that I am voluntarily participating in the Activities and have considered those risks. I hereby expressly and specifically assume such risks, including any and all risk of injury, illness, harm, or loss that I may incur as a result of my participation in the Activities.

2. Medical Treatment.

I hereby give consent and authority to the Organization to obtain medical treatment on my behalf if I am injured or require medical attention during my participation in the Activities. I understand and agree that I am solely responsible for all costs related to such medical treatment, medical transportation, and/or evacuation. I hereby release, forever discharge, and hold harmless the Organization from any claim whatsoever in connection with such treatment or other medical services.

3. Release and Waiver.

I hereby fully and forever release and discharge the Organization, its directors, employees, agents, volunteers, and other representatives from any and all liability, claims, and demands of whatever kind or nature arising from my participation in the Activities.

4. Indemnification.

I hereby agree to indemnify, defend, and hold harmless the Released Parties from any and all liability, losses, damages, judgments, or expenses, including attorneys' fees, arising from my negligence, recklessness, or willful misconduct.

5. Insurance.

I understand that the Organization does not provide medical, health, disability, or workers' compensation insurance for volunteers.



6. Photographic Release.

I grant and convey to the Organization all rights to photographs and recordings taken during volunteer activities and authorize their use for promotional purposes without compensation.

7. Confidential Information.

I acknowledge that I may have access to confidential information including client information, donor information, volunteer information, personnel information, financial information, operational information, and other proprietary information. I agree to maintain all confidential information in strict confidence, not disclose such information to any third party without written authorization, and use such information solely for purposes related to my volunteer service. This obligation survives the termination of my volunteer service. I will immediately notify the Organization of any unauthorized disclosure or loss of confidential information.

8. Miscellaneous.

This Release represents the full understanding between the Organization and me and supersedes all prior agreements regarding this subject matter.

9. Governing Law.

This Release shall be governed by the laws of the State of Oklahoma.

10. Business and Organization Volunteer Representatives.

For volunteers participating on behalf of a business, corporation, school, church, civic group, or other organization:

The undersigned acknowledges that Blessing Baskets is not responsible for providing workers' compensation coverage, health insurance, accident insurance, disability insurance, or any other employee benefits for individuals volunteering through their employer or organization.

By signing below, the business representative and participating volunteers understand and agree that Blessing Baskets shall not be liable for injuries, accidents, illnesses, property damage, losses, or claims involving employees, representatives, or members volunteering on behalf of their organization.

The business or organization remains solely responsible for its employees, representatives, and volunteers while participating in service activities with Blessing Baskets.

The business representative signing below certifies that they have authority to sign on behalf of their organization and acknowledge acceptance of these terms.



Emergency Contact Information

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Volunteer Certification

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ORGANIZATION.

Signature of Volunteer: _____

Name of Volunteer (please print): _____

Date: _____

Telephone Number: _____

Address: _____

If the volunteer is under 18 years of age, a parent or legal guardian must also sign.

Signature of Parent or Legal Guardian: _____

Name of Parent or Legal Guardian (please print): _____

Date: _____

Telephone Number: _____

Address: _____

Business Representative Certification (If Applicable)

Organization Name: _____

Business Representative Signature: _____

Business Representative Name: _____

Title: _____

Date: _____

Telephone Number: _____

Address: _____