



Nevada Chapter of the National Hemophilia Foundation  
222 S. Rainbow Blvd., Suite 203, Las Vegas, NV 89145  
Phone Number (702)-564-4368 Email: mmagana@hemophilia.org

## Volunteer Waiver

Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (waiver expired a year after this date)

Volunteer Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

I, the above listed Volunteer, desire to work as a volunteer for The Nevada Chapter of the National Hemophilia Foundation (AKA The Organization) and engage in the activities related to being a volunteer for a work project. I understand and agree that as a volunteer I am willingly and freely offering my time and services to the Organization without any promise or expectation of any kind of compensation or benefit to be provided by the Organization. I fully understand and agree that I am an unpaid volunteer and not an employee nor an independent contractor. Accordingly, volunteers do not receive compensation of any kind and are not entitled to the benefits of being an employee of the Organization.

During my time volunteering with the Organization I am commit to acting with respect for others, conducting myself professionally, maintaining confidentiality for any personal information I may be inadvertently exposed to, and do my best to ensure a positive experience for myself and those around me.

I hereby voluntarily, execute this Volunteer Waiver under the following terms:

I, the Volunteer, release and hold harmless the Organization 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 my volunteer work with the Organization.

I understand that this Waiver discharges the Organization from any liability or claim that I, the Volunteer, may have against the Organization with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the Organization's work site. I also fully understand that the Organization does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of the Organization.

I hereby release the Organization from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with the Organization.

I understand that my time with the Organization may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release the Organization from all liability for injury, illness, death, or property damage resulting from the activities of my time with the Organization.

I grant unto the Organization all right, title, and interest in any and all photographic images and video or audio recordings that are made by the Organization during my work with the Organization, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Nevada in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Nevada. I agree that in the event that any clause or provision of this Waiver 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 enforceable.

**Emergency Contact:**

In the event of an emergency, I give you permission to contact the following individual:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Parent of Guardian Signature  
(Required for under 18)

\_\_\_\_\_  
Print Volunteer's Name

\_\_\_\_\_  
Print Parent of Guardian Name