



## Naval Services FamilyLine Volunteer Release and Waiver of Liability

This Release and Waiver of Liability (“Release”) effective \_\_\_\_\_ (date) and entered into by \_\_\_\_\_ (print name) (“Volunteer”) releases Naval Services FamilyLine (“Nonprofit”), a nonprofit corporation incorporated and existing under the laws of the District of Columbia, and certain related parties all as set forth below.

The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer and Nonprofit desires to retain Volunteer for such volunteer services and activities. Volunteer understands that the scope of Volunteer’s relationship with Nonprofit is limited to a volunteer position and that no compensation is expected from Nonprofit in return for services provided by Volunteer; that Nonprofit will not provide to Volunteer any medical, health, disability, or insurance benefits that may be associated with employment; and that Volunteer is solely responsible for his/her own insurance coverage for personal injury, illness, and liability arising as a result of Volunteer’s services to Nonprofit. (Notwithstanding the foregoing, Nonprofit may agree in advance to reimburse Volunteer for certain miscellaneous expenses in Nonprofit’s sole discretion.)

1. Waiver and Release: I, the Volunteer, for myself, my personal representatives, executors, insurers, administrators, and heirs, hereby release and forever discharge and hold harmless Nonprofit, its successors and assigns and each of its representatives, insurers, directors, officers, employees, volunteers, and agents (all hereinafter “Released Parties”) from any and all liabilities, claims, and demands of whatever kind or nature, either in law or in equity, whether now known or unknown, suspected or unsuspected, including any action for attorney’s fees and costs, which arise or may hereafter arise from the services I provide to Nonprofit and any activities connected with such services. Without limiting the foregoing, I understand and acknowledge that this Release forever discharges the Released Parties from any claim or demand that I may have against the Released Parties with respect to compensation for services (other than payment for any expenses Nonprofit has agreed in advance to reimburse), bodily injury, personal injury, illness, death, property damage, contribution, employment benefits, or insurance coverage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services to Nonprofit.
2. Insurance: I agree to maintain in effect automobile liability insurance coverage for no less than the statutory minimums of my home state or jurisdiction at all times that I use my privately owned vehicle in any way for the benefit of Nonprofit. I agree to provide Nonprofit with a copy of the declaration page of my automobile insurance policy upon request.
3. Medical Treatment: By way of clarification and without limiting of the foregoing, I further hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.



4. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.
5. Other: I agree that this Release is intended to be as broad and inclusive as permitted by the laws of the District of Columbia, that this Release shall be governed by and interpreted in accordance with the laws of the District of Columbia without reference to its conflicts of laws provisions, and exclusive jurisdiction and venue shall lie therein. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily and in consideration for Nonprofit allowing me to volunteer. I further understand and agree that this Release and Waiver of Liability will be executed by electronic signature and kept as an electronic record in accordance with the Electronic Signatures in Global and National Commerce Act and the Uniform Electronic Transactions Act (as enacted by the District of Columbia). If I do not consent to this, I will print out, sign and date, and deliver the signed original of this Release and Waiver to the Nonprofit.

Signed: \_\_\_\_\_  
Volunteer (Or parent/guardian if under 18)                      Date Signed

Print Full Name: \_\_\_\_\_ / \_\_\_\_\_  
(Parent/Guardian, if applicable)

Address: \_\_\_\_\_ City/State/ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteer Work (check all that applies below):

COMPASS  CORE  SPOUSE COURSES  BOARD OF DIRECTORS  OTHER COMMITTEE  PODCAST

If other committee, what committee are you volunteering for? \_\_\_\_\_

If COMPASS or CORE, what team are you volunteering for? \_\_\_\_\_

*For Office Use Only*

Signed: \_\_\_\_\_ / \_\_\_\_\_  
Authorized Representative, for Nonprofit                      Date

Print Full Name: \_\_\_\_\_