

UPLIFT ORGANIZATION, INC., VOLUNTEER FORM AND LIABILITY WAIVER

Please complete this form before you work in the warehouse or serve on the trucks.

Volunteers' Name: _____ Age: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Cell (preferred): (____) _____ Home: (____) _____ Work: (____) _____

Email Address: _____ Organization Name: _____

List any concerns, medical or otherwise, that the Route Leader needs to know for your safety:

In consideration for receiving permission from the Uplift Organization, Inc. ("Uplift") to volunteer, I, the undersigned participant, expressly assume all risks associated with participation in working in the warehouse, or serving on the routes, including without limit, accident, injury, bodily harm or death, and agree to take reasonable precautions to avoid injury to myself and others. For myself and my heirs, representatives and assigns, I hereby release, waive, discharge and hold harmless Uplift and its directors, officers, and agents from all liability and claims of whatever nature, which I or any person claiming through me may have arising from or in any way related to my voluntary participation as a volunteer.

If I suffer an illness or injury requiring emergency treatment or other medical services while participating as a volunteer, I give my permission for any medical treatment deemed necessary and reasonable under the circumstances and agree that Uplift and its agents will not be liable nor financially responsible for such medical treatment.

I grant Uplift permission to take photographs and videos of me during my volunteering and to display, publish or otherwise use any photographs, videos or any other media associated with volunteering activities which contains my image or likeness, for Uplift's purposes, including without limit, news coverage and promotion purposes, including print, broadcast, web and mobile.

By signing below, I acknowledge that I have read and understand this form, and that the statements that I have made in it are true and that I am at least 18 years of age, or, if I am not 18 years of age, the signature and consent of my parent or legal guardian is included.

Signature: _____ Date _____

Participant's Printed Name: _____

Notification in Case of Emergency:

Name: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

PARENTAL CONSENT FOR PARTICIPATION BY MINOR

I am the parent or legal guardian of the participant and give my permission for him/her to participate in volunteering with Uplift. I make all of the representations and agree to the terms with respect to my child's or ward's participation in volunteering, including without limit, releasing Uplift from all liability and claims on my and the participant's behalf and assuming all risks of his/her participation. I understand that I am responsible for the obligations and acts of participant as described in this document. I agree to be bound by the terms of this document.

Date: _____

Print Name of Minor Participant's Parent/Guardian

Signature of Minor Participant's Parent/Guardian

Minor Participant's Name