

Dea. Phillip C. Johnson, Founder & President

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Volunteer Agreement and Release From Liability

1. I, _____, agree to work for the Phillip Cares, Inc., as a volunteer making a commitment serve as the _____ on/from _____ / _____ / _____.
2. As a volunteer, I understand that I control the dates and times when I do the work and that Phillip Cares, Inc., is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 40 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for Phillip Cares, Inc., I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue Phillip Cares, Inc., or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of Phillip Cares, Inc., as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE PHILLIP CARES, INC., AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE COMMITMENT.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE COMMITMENT, I AM NOT COVERED BY PHILLIP CARES' WORKERS' COMPENSATION PROGRAM. I authorize Phillip Cares, Inc., to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising

Website: <https://www.phillipcares.org>

Email: info@phillipcares.org

from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such an accident, illness or injury.

6. As consideration for volunteering for Phillip Cares, Inc., I hereby agree that, EXCEPT FOR A WORKERS' COMPENSATION CLAIM, I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue Phillip Cares, Inc., or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of Phillip Cares, Inc., as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE PHILLIP CARES, INC., AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE COMMITMENT.
7. I understand that I am responsible for maintaining the confidentiality of all proprietary/privileged information to which I am exposed while serving as a volunteer, whether this information involves a single staff, affiliate, volunteer, client, other person or overall agency business.
8. I understand that the materials and tools provided by Phillip Cares, Inc., are and remain the property of Phillip Cares, Inc., and I agree to return these tools and any remaining materials to Phillip Cares, Inc., at the end of my volunteer service.
9. I authorize Phillip Cares, Inc., to photograph me working with affiliates, staff, or other volunteers and have my permission to utilize my photograph for marketing purposes either on our locations, media, website or in any other way to promote Phillip Cares, Inc.
10. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

____ / ____ / ____
Date

Volunteer Signature

Printed Name

____ / ____ / ____
Date

Phillip Cares Representative Signature

Printed Name