

# DOP Volunteer Waiver Form

Thank you for your generous donation of your time and services to Delaware Ohio Pride Inc. Please affirm your acceptance of the terms of this agreement.

1. Compensation. I understand that the services provided as a volunteer are distinct and separate from the services provided as an employee of Delaware Ohio Pride Inc. and that I will not receive compensation, payment, benefits, insurance or other valuable consideration for the services provided as a volunteer under this agreement.

2. Release. I understand that Delaware Ohio Pride Inc. has the right to release me as a volunteer without prior notice. I do not have a formal work appointment for these particular services.

3. Confidentiality. While volunteering with Delaware Ohio Pride Inc. , I agree to abide by all applicable federal, state, and local rules and regulations Delaware Ohio Pride Inc. follows. I agree to follow Delaware Ohio Pride Inc.'s policies and procedures. My compliance with Delaware Ohio Pride Inc.'s policies includes the responsibility to respect the highest level of privacy. I agree not to disclose or discuss any confidential information obtained from Delaware Ohio Pride Inc. , either during or after my volunteer work with the organization.

4. Best Practice. I understand that my time with Delaware Ohio Pride Inc. may include activities that may be inherently dangerous to me, including, but not limited to, the loading and unloading of heavy equipment and materials. I agree that as a Delaware Ohio Pride Inc. volunteer, I will choose and perform the tasks that are within my physical capability and I will not undertake tasks that are beyond my ability. I will use reasonable care in all that I do.

5. Liability. I affirm that I am covered by primary medical insurance and understand that I am responsible for my medical bills if an injury occurs. Further, I understand that Delaware Ohio Pride Inc. does not assume any responsibility for or obligation to provide the Volunteer with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of the Volunteer's injury, illness, death or damage to his or her property. I expressly waive any such claim for compensation or liability on the part of Delaware Ohio Pride Inc. beyond what may be offered freely by Delaware Ohio Pride Inc. in case of such injury or medical expenses incurred by the Volunteer.

6. Publicity. I grant and convey unto Delaware Ohio Pride Inc. all rights, title, and interest in all photographic images and video or audio recordings made by Delaware Ohio Pride Inc. during my work for Delaware Ohio Pride Inc. , including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

Volunteer Waiver Form Acknowledgement:

- I am aware of the terms and conditions of this agreement and am signing it of my own free will. Further, by signing this agreement, I attest to the fact that I am eighteen years of age or older.
- I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Ohio in the United States of America and that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Ohio.
- I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK.