

Volunteer Waiver of Liability Agreement

By signing below, I, the volunteer, acknowledge that entry into this agreement (“Agreement”) is in consideration of my participation as a volunteer with the A-HEALTH, and confirm my understanding and agreement to the following:

Policies and Safety Rules

I will comply with all A-HEALTH volunteer policies, safety rules, conduct expectations, and other directions. I will comply with all applicable laws and regulations. If I am injured while volunteering, I will promptly notify A-HEALTH of my injury. I understand that noncompliance may result in termination of my volunteer status.

Volunteer Not an Employee

I understand that (a) I am not an employee of A-HEALTH, (b) I will not be paid for my participation, and (c) I am not covered by or eligible for any A-HEALTH insurance, health care, worker’s compensation, or other benefits. I understand that A-HEALTH may terminate my volunteer status at any time, for any or no reason. This Agreement does not create any employment, partnership, or agency relationship.

Risks Associated

Volunteering with A-HEALTH has risks. These risks may arise in a variety of ways. They including but not limited to: my lifting heavy objects or otherwise exerting myself, handling medical instruments including using hot or sharp objects or other tools, being exposed to dust, other allergens, loud noises, infectious and non-infectious diseases, makeup, moulage, and other cosmetics, wet conditions that may lead to slips and falls, and interacting with and being in the presence of other volunteers, visitors and other people.

I understand that these risks include risks of injury, illness, death, and property damage or loss, and that they may arise from my own actions or from the actions of others at or near A-HEALTH facilities or encountered when traveling for A-HEALTH activities offsite.

Waiver and Release of Claims

I waive and release A-HEALTH from any and all liability, claims, costs, and expenses of any kind and of whatever nature which I or my heirs, next of kin, or legal representatives may have, or which may later accrue, caused by or arising directly or indirectly from my presence at A-HEALTH facilities or participation in A-HEALTH activities. This release and waiver include, in each such case, all claims in respect of the risks noted above, known and unknown, foreseen and unforeseeable, regardless of the cause or whether such claims arise from tort, contract, or otherwise, and even if caused by negligence, whether passive or active. I understand that this waiver includes claims fully based on the negligence of A-HEALTH permitted by law. I understand that this is a legally binding agreement, and by signing this agreement I waive my right to bring court action to recover compensation or to obtain any other remedy for any injury to myself.

Disclosure of Medical Conditions

I understand that I am solely responsible for knowing my own physical condition and making my own decision about volunteering. I have disclosed all medications and conditions relevant to my participation to my volunteer supervisor at A-HEALTH, including chronic conditions such as asthma, allergies, seizures, or diabetes. I understand that A-HEALTH needs such information because some medication side effects, or medical conditions could affect my safety or that of others at A-HEALTH. A-HEALTH will keep such information confidential except as needed for safety purposes. I consent to A-HEALTH sharing this

information with health professionals or first responders should I become ill or injured while at A-HEALTH facilities.

Medical Care Consent and Waiver

I authorize A-HEALTH to provide me with first aid and to arrange medical assistance, transportation, and emergency medical services for me if I get hurt while volunteering. I understand that A-HEALTH is not obligated to provide this care. I understand that A-HEALTH volunteers are not licensed medical professionals. I also understand that I am solely responsible for any costs related to my medical treatment and transport, and that A-HEALTH does not provide health, medical, disability, or other insurance coverage for me.

Use by Client of My Name and Image

I understand that A-HEALTH may take photos or videos of me. I consent to use by A-HEALTH of my image, voice, and name. A-HEALTH may use any such photos or videos without obtaining my approval or paying me for such use. Such use may include promotional, educational, or informational materials.

Acknowledgement

I understand that this Agreement will be binding for so long as I am a volunteer at A-HEALTH. This Agreement will run in favor of, and may be enforced by, A-HEALTH and will bind my heirs, next of kin, and legal representatives. This Agreement will be binding to the fullest extent permitted by law. If any provision of this Agreement is found to be unenforceable, the other terms remain effective. This Agreement will be governed by Illinois law. I have read and understand this Agreement and sign it voluntarily.

Signature of volunteer

Date

Printed name of volunteer

Name of emergency contact

Phone number of emergency contact