



Volunteer Youth Waiver

Volunteer Release and Waiver of Liability

I, the volunteer, desire to provide volunteer services for City of Good and engage in activities related to serving as a volunteer. I hereby freely, voluntarily, and without duress execute this Release and Waiver of Liability ("Release") in favor of City of Good, Inc., a non-profit organization established and existing under the laws of the State of Idaho, ("City of Good") and each of its directors, officers, employees, sub-contractors, sponsors, agents and affiliates ("City of Good's Representatives").

Assumption of the risk. I understand that my time volunteering with City of Good may include various activities that may be hazardous to me or my health and I agree to accept all risks of participation as a volunteer.

Release of liability.

I hereby release and agree not to sue City of Good or City of Good's Representatives from all known and unknown, present and future, damages, injuries, illness, death, losses, judgments, liabilities, and claims (including without limitation costs and expenses of litigation and reasonable attorneys' fees) ("Claims") that may be made by me, my family, estate, heirs, or assigns (the "Releasers") arising as a result of my participation in volunteer activities wherever, whenever, or however the same may occur. This includes, without limitation, claims that may arise or that have arisen on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time as a volunteer with City of Good. I also understand that I may be providing volunteer services during the time of a pandemic and may be exposed to COVID-19 or other illness, sickness, or disease. On behalf of myself and the other Releasers, I specifically release and agree not to sue City of Good or City of Good's Representatives from all present or future claims relating to or arising out of such exposure to or contraction of COVID-19 or other illness, sickness, or disease. I and my Releasers also agree to defend, indemnify, and hold City of Good and City of Good's Representatives harmless from any Claims arising from my volunteer work for City of Good.

No medical coverage.

I understand and agree that City of Good and City of Good's Representatives do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage. I recognize that I, the volunteer, am responsible for my own insurance coverage in the event of property damage, personal injury or illness, or wrongful death arising as a result of my participation in the volunteer activities for City of Good. I represent that, to my knowledge, I am in good health and currently suffer no physical impairment that would or should prevent my participation as a volunteer.

No employment relationship.

I understand that the scope of a volunteer's relationship with City of Good is limited to a volunteer position and that no compensation is expected in return for my volunteer services. Nothing in this Release, nor in a course of dealing or by way of any aspect of my participation in volunteer activities for City of Good, shall be interpreted or construed as creating the relationship of employer and employee between City of Good and me. I will not be entitled to the payment of any wages or salary, workers' compensation, disability benefits, medical and/or other insurance related benefits or any other legal requirements applicable to employees.

My behavior.

While working as a volunteer for City of Good, I agree to conduct myself in a professional manner and to refrain from engaging in conduct, whether in person, on the telephone, in writing, or online, that others could view as unwelcome, including conduct that may be viewed as violent, abusive, harassing, or discriminatory. When using technology as a volunteer for City of Good, I agree to abide by all applicable privacy and data protection policies, standards, and practices. I agree not to speak on behalf of City of Good without City of Good's prior written approval.

City of Good Property.

I understand that any materials, tools, or other property provided by City of Good are and remain the property of City of Good.

Reporting.

I agree to report, as soon as reasonably practicable, to the Executive Director of City of Good or its Board President any problems I may encounter in my role as a volunteer for City of Good. This includes any complaints or comments I may receive from third parties in my capacity as a volunteer for City of Good.

As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as interpreted in accordance with the laws of the State of Idaho and that this Release shall be governed by and interpreted in accordance with the laws of the State of Idaho. I agree that if any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

I HAVE READ THIS RELEASE AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP RIGHTS AND REMEDIES BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

My signature below indicates that I have read, understood and accept the following: In participating in the event indicated on this form, I acknowledge that I understand there are risks of accidents resulting in bodily harm to the participant arising out of this activity. I further acknowledge that the participant has the physical capacity reasonably necessary to engage in this activity. I hereby waive all claims that I might have against City of Good, its ocers, agents, employees, co-sponsoring organizations or individuals for bodily injuries the participant might suer arising out of the participant’s participation. In case of emergency, accident or illness, I give my permission for the participant to be treated by a professional medical person and admitted to a hospital, if necessary. I agree to be the party responsible for all medical expenses which are incurred on the participant’s behalf. I also agree that videos and photographs taken of the participant may be used by City of Good and sponsoring agencies in any materials or publications, printed or electronic.

Event Date: _____ **Event Location:** _____

Youth Volunteer Name: _____

Legal Guardian Name: _____

Emergency Phone Number: _____

Legal Guardian Signature: _____

Is the youth participating as part of a volunteer group today? YES NO

-- If yes, what is the name of your group: _____

-- If yes, please provide the name of the group leader: _____

Questions? Contact Emma at emma@cityofgood.com