

AMERICANS FOR INDEPENDENT LIVING
VOLUNTEER WAIVER, RELEASE AND INDEMNITY AGREEMENT

VOLUNTEER AGREEMENT:

I have agreed to work as a volunteer for Americans for Independent Living and do so of my own free will. As a volunteer I am not an employee or agent of Americans for Independent Living. I understand this role does not include compensation or payment of any kind. Furthermore, I acknowledge that Americans for Independence Living does not offer health insurance, workers' compensation insurance or any such employee benefit to volunteers. As a volunteer I agree to maintain my own health insurance during my time as a volunteer for Americans for Independent Living. If I use my own personal automobile, or any other automobile, during the time of this volunteer work, I agree to furnish my own Iowa liability insurance for the use of that vehicle.

RISK AGREEMENT:

I fully recognize and accept that volunteering has risks and unforeseen dangers (such risks could be, but are not limited to: mental/emotional stress or physical injury). I have read the detailed Job Description for the volunteer duties I am accepting and understand the minimum requirements. I have read and understand Americans for Independent Living mission statement and best practice procedures. I pledge to act and perform within those expectations.

WAIVER RELEASE, HOLD HARMLESS, AND INDEMNIFICATION AGREEMENT:

I acknowledge that Americans for Independent Living does not guarantee safety. I voluntarily waive, release and hold harmless Americans for Independent Living, its board, employees, agents, and other volunteers from all claims, accidents, injuries, or death that result from actions related to my volunteer activities. I understand that this document disqualifies me from recovering damages against Americans for Independent Living should I be injured in the course of my duties.

I shall defend, hold harmless, and indemnify Americans for Independent Living, its board, employees, agents, and other volunteers from and against all claims, accusations, notices, judgments, rulings, liabilities, expenses, etc. that may exist as a result of my actions, inactions, errors, acts, or omissions.

ACKNOWLEDGEMENT AND SIGNATURES:

I have read and fully understand the above waiver. I understand that by signing this document I am giving up certain rights and accepting certain duties.

Volunteer signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____
If Under Age 18

Name (please print) _____

Address _____

City _____ State _____ Zipcode _____

Email Address _____

(email address will be used by AFIL only for volunteer updates and the monthly newsletter)

AMERICANS FOR INDEPENDENT LIVING

BY: _____ Date: _____