



VOLUNTEER WAIVER and RELEASE FORM

*Please print all information clearly!*

DATE: \_\_\_\_\_

VOLUNTEER NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (required): \_\_\_\_\_ EMAIL (required): \_\_\_\_\_

Would you like to be on our mailing list? (circle one) YES NO

How did you find out about Afya? \_\_\_\_\_

Preferred method of contact (circle one): EMAIL PHONE TEXT

Are you under 18? YES NO

If yes, Parent/Guardian Name and Phone Number \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

VOLUNTEERS MUST COMPLETE

THE WAIVER AND RELEASE FORM

PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED IF VOLUNTEER IS UNDER AGE 18

Afya Foundation  
140 Saw Mill River Road  
Yonkers, NY 10701  
[info@afyafoundation.org](mailto:info@afyafoundation.org)  
Phone: 914-920-5081  
Afyafoundation.org

WAIVER AND RELEASE FORM

**RELEASE OF LIABILITY**

In return for being allowed to participate in Afya Foundation volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned **Volunteer or Parent/Legal Guardian** of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue the Afya Foundation or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates ("the Foundation") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the Foundation are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise. I understand that participation in the Volunteer Activities involves certain risks. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept the risks of participation.

I also agree to indemnify and hold harmless the Foundation for all claims arising out of my participation in the Volunteer Activities. I understand that this document is intended to be broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that the Foundation have not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Foundation.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

If under 18, Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

## PUBLICITY RELEASE

In return for being allowed to participate in Afya Foundation (“the Foundation”) volunteer activities and all related activities, including any activities incidental to such participation (“Volunteer Activities”), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using “I”, “me”, or “my”) hereby grants to the Foundation, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities’ officers, directors, agents, employees, respective successors and assigns (collectively, “Authorized Parties”), the absolute and irrevocable rights and permission to use, publish, broadcast and/or copy copyright the use of Volunteer’s name, voice, photograph and/or like-altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised. I further agree that anything derived there from will be owned solely by the Foundation. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Foundation.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

If under 18, Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.