



RELEASE OF LIABILITY for VOLUNTEERS at SHALOM FARMS

Name of Volunteer:

I agree to the following:

1. I acknowledge that I am a volunteer for UMUMR’s Shalom Farms and have no expectations of compensation. I understand that UMUMR may, at any time, for whatever reason, decide to make changes in my assignment or terminate my relationship with the organization. I understand that I may decide to sever my volunteer relationship with UMUMR at any time, and notice of such a decision should be communicated as soon as possible to the volunteer coordinator.
2. I understand and agree that while participating in this program, I am not an agent, servant, or employee of UMUMR and therefore will not be covered by the organization for any health, workers compensation, death or disability benefits.
3. I agree to release and hold harmless UMUMR from claims of any kind that may arise out of my performance as a volunteer. I waive any right of action against the organization or any of its partner agencies in consideration of being allowed to serve as a volunteer.
4. I understand and agree to abide by the policies and procedures of UMUMR and Shalom Farms relating to the performance of duties and responsibilities assigned to me.
5. I understand and agree that, in the course of my participation as a volunteer with UMUMR, I may have access to keys and combinations that are confidential because of security concerns. I understand and acknowledge that I will not disclose this information or any other security-related information to any person without prior approval of my supervisor. I understand that my volunteer status will be revoked if I make improper disclosure of this or any other security-related information.
6. I understand and grant UMUMR, its successors, assigns, and licensees, the perpetual right to photograph, film, use and reproduce, as the organization desires, photographs and videotapes taken of myself and/or my children during any volunteer activity. I understand that I will not receive any compensation for my participation or my children's participation in the photographs and videotapes and that UMUMR shall own all right, title, and interest to the photographs and videotapes, including the portions that contain the images and voices of myself and/or children.

I certify that I have read and understood the above agreement as the terms under which I will be allowed to participate as a volunteer with UMUMR. This Release of Liability form is effective for three years following signature, unless revoked in writing.

Volunteer Printed Name

Staff Supervisor Printed Name

Volunteer Signature **

Staff Supervisor Signature

Date

Date

** Signature of Parent/Legal Guardian required if Volunteer is under 18 years of age