

**VOLUNTEER Waiver of Liability**

This Waiver of Liability (the "Waiver") executed on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_ (the "Volunteer") in favor of GIRLS LEADERSHIP ACADEMY OF WILMINGTON (GLOW) and/or GLOW FOUNDATION, nonprofit corporations organized and existing under the laws of the State of North Carolina.

I, the Volunteer, desire to work as a volunteer for GLOW and/or GLOW Foundation and engage in the activities related to being a volunteer.

I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

**1. Waiver and Release.** I, the Volunteer, release and forever discharge and hold harmless GLOW and/or GLOW Foundation and its successors and assigns from any and all liability, claims, and demands of any kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with GLOW and/or GLOW Foundation.

I understand and acknowledge that this Waiver discharges GLOW and/or GLOW Foundation from any liability or claim that I, the Volunteer, may have against GLOW and/or GLOW Foundation with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation with GLOW and/or GLOW Foundation. I also understand that GLOW and/or GLOW Foundation does 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.

**2. Insurance.** I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of GLOW and/or GLOW Foundation.

**3. Medical Treatment.** I hereby release and forever discharge GLOW and/or GLOW Foundation from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency or injury during my time with GLOW and/or GLOW Foundation.

**4. Confidentiality** – Confidentiality is of the utmost importance in the volunteer’s association with program participants. Any information, data or behaviors observed by the volunteer is confidential. Information observed while volunteering shall not be discussed with anyone outside of GLOW and/or GLOW Foundation setting. Information shall not be shared without use of the student’s name because it is possible that information could still be linked to the student.

**5. Photographic Release.** I grant and convey unto GLOW and/or GLOW Foundation all right, title, and interest in any and all photographic images and video or audio recordings made by GLOW and/or GLOW Foundation during my work for GLOW and/or GLOW Foundation, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**6. Other.** I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of North Carolina. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

\_\_\_\_\_  
Volunteer’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Volunteer’s Name

\_\_\_\_\_  
Organization (if applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Other Names/Maiden/Alias \_\_\_\_\_

Social Security\* # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ (mo/day/year)

Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Phone# \_\_\_\_\_

Email \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Employer Use Only: Please mark (✓) the searches to be conducted.			
Contact: _____	Email: _____		
Phone: _____	Fax: _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>