

HOPE + FUTURE

Hope & Future, Inc. + 6515 Polk Street, West New York, NJ 07093 + (973) 830-9406 + www.hope-future.us

Volunteer Release and Waiver of Liability Form

Release and Waiver of Liability (the "Release"):

- Name of Volunteer Candidate: _____ ("Volunteer")
 - Address: _____
 - Email: _____
 - Phone: (____) _____ Phone Provider (EX: T-Mobile): _____

- The **Volunteer** releases Hope & Future, Inc. ("Hope + Future") a nonprofit corporation organized and existing under the laws of the state of New Jersey and each of its directors, officers, employees, and agents.

- The **Volunteer** desires to provide volunteer services for Hope + Future and engage in activities related to serving as a volunteer: (Check Box for Positions Interested In)
 - Academic Tutor.
 - Assistant Facility Manager.
 - Assistant Membership Data Manager.
 - Fitness Instructor.
 - Front Desk Welcome Team.
 - Leadership Trainer.
 - Skill(s) Trainer.
 - Workout Mentor.
 - Other: _____

- The **Volunteer** understands the scope of **Volunteer's** relationship with Hope + Future is limited to a volunteer position and that no compensation is expected in return for services provided by **Volunteer**. The **Volunteer** understands that Hope + Future will not provide any benefits traditionally associated with employment to **Volunteer**. The **Volunteer** understands that they are responsible for their own insurance coverage in the event of personal injury or illness as a result of **Volunteer's** services to Hope + Future.

- 1. **Waiver and Release:** I, the **Volunteer**, release and forever discharge and hold harmless Hope + Future and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arises from the services I provide to Hope + Future. I understand and acknowledge that this Release discharges Hope + Future from any liability or claim that I may have against Hope + Future with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Hope + Future or occurring while I am providing volunteer services.

INITIAL: _____

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2. **Insurance:** Further, I understand that Hope + Future does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Hope + Future beyond what may be offered freely by Hope + Future in the event of such injury or medical expenses incurred by me.
3. **Medical Treatment:** I hereby Release and forever discharge Hope + Future 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 during my tenure as a volunteer with Hope + Future.
4. **Assumption of Risk:** I understand that the services I provide to Hope + Future may include activities that may be hazardous to me including, but not limited to: Lifting Weights, Moving Fitness Equipment, Assembling/Moving Furniture, Cleaning Bathrooms, Sweeping/Mopping/Vacuumping Floors, Setting-Up Media Equipment, Laying Rubber Flooring, Picking-Up Rubber Flooring, Assembling/De-Assembling Rogue Fitness Structure, etc. involving inherently dangerous activities. As a volunteer, I hereby assume the risk of injury or harm from these activities and Release Hope + Future from all liability for injury, illness, death or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services.
5. **Photographic Release:** I grant and convey to Hope + Future all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Hope + Future in connection with my providing volunteer services to Hope + Future.
6. **Other:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

INITIAL: _____

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7. **Confidentiality Policy:** Confidentiality Policy for Employees, Volunteers and Board Members. Respecting the privacy of our members, clients, donors, staff, volunteers and of Hope + Future itself is a basic value of Hope + Future. Personal and financial information is confidential and should not be disclosed or discussed with anyone without written permission or authorization from the Gian Paul Gonzalez, Executive Director of Hope + Future. Care shall also be taken to ensure that unauthorized individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared. Employees, volunteers and board members of Hope + Future may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of Hope + Future that such information must be kept confidential both during and after employment or volunteer service. Staff and volunteers, including board members, are expected to return materials containing privileged or confidential information at the time of separation from employment or expiration of service. Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including removal/dismissal.

ACKNOWLEDGEMENT OF CONFIDENTIALITY OF MEMBER INFORMATION

I agree to treat as confidential all information about Members or former Members and their families that I learn during the performance of my duties as **Volunteer**, and I understand that it would be a violation of policy to disclose such information to anyone without checking first with my supervisor.

Volunteer Signature

Date

Volunteer (Print Name)

Parent or Guardian of Volunteer [If under age 18]

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By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily. This signature provides that the Volunteer releases, waives and indemnities contained in this Release expressly shall apply regardless of whether the Claims to be released, waived or indemnified against arise, or are alleged to rise, from Negligence (Whether Sole, Joint, or Concurrent), Gross Negligence, Negligence per se, and/or Strict Liability. Any disputes over this document will be handled in Arbitration.

Volunteer Signature

Date

Volunteer (Print Name)

Parent or Guardian of Volunteer [If under age 18]

Instructions to Submit Volunteer Application, Release & Waiver:

- Stop by the H+F Center to hand in the Application in person:
 - Download the H+F APP for Class Times.
 - Center Address: 6515 Polk Street, West New York, NJ 07093.
- Email the Completed Document as an attachment to: hopefutureteam@gmail.com