

Olivewood Gardens Volunteer Waiver

Thank you for volunteering at Olivewood Gardens. Volunteers are not only integral to the success of our program, but they also help demonstrate to students the caring and commitment of their larger community.

Please initial the following statements and sign the bottom of this document. Thank you.

“I agree to participate in the volunteer program sponsored by Olivewood Gardens and Learning Center. I recognize that Olivewood Gardens and Learning Center has not undertaken any duty or responsibility for my safety and I agree to assume the full responsibility for all risk of bodily injury, death, disability, and property damage as a result of volunteering at Olivewood Gardens. I hereby surrender any right to seek reimbursement from Olivewood Gardens and Learning Center and its directors, officers, employees, volunteers and other agents for injury sustained and liability incurred during my participation in the activity described above. I warrant that I am not relying on any oral representations, statements or inducement apart from the statements made on this form.”

Initial: _____

“I understand that I may have a criminal history check run by law enforcement if I serve as a volunteer. It is possible that as a volunteer I may have more than occasional or infrequent contact with students. Under Penal Code 290.95 I am required to disclose to Olivewood Garden Personnel if I am a registered sex offender. My failure to disclose this fact could result in my arrest, prosecution, and likely fine and imprisonment. I declare under penalty of perjury, that I am not required, pursuant to Penal Code 290.95, to disclose to school officials that I am a registered sex offender, and that I have not suffered convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against me.”

Initial: _____

“I hereby authorize Olivewood Gardens to photograph or permit other persons to photograph videotape or film me. Olivewood Gardens is permitted to use photographs, videotape or film for publicity purposes, including release of such photographs, videotape for film, to the news media and on the Olivewood Gardens website. I agree to hold harmless Olivewood Gardens, its officers, agents and employees from any liability resulting from, or arising in connection with, the taking, publication, and release of the photographs, videotape, or film of the undersigned pursuant to this agreement.”

Initial: _____

“I am aware that all curriculums, resources, and materials disseminated to me are considered proprietary and may not be reproduced in whole or part unless released in writing by an authorized representative of Olivewood Gardens and Learning Center. Additionally, all information concerning students, volunteers, financial data, business records and employees is confidential and may not be released without appropriate authorization.”

Initial: _____

“I have attended the Olivewood Gardens volunteer orientation and read the volunteer manual. I am familiar with organization policies and understand that violation of policy can cause me to be terminated as a volunteer.”

Initial: _____

Print Name Signature Date

Guardian Signature (for volunteers under 18) Date

Emergency Contact Info

Primary Emergency Contact Name:

Name

Relationship

(____) _____
Home Phone Number

(____) _____
Cell Phone Number

(____) _____
Work Phone Number

Address

Secondary Emergency Contact Name:

Name

Relationship

(____) _____
Home Phone Number

(____) _____
Cell Phone Number

(____) _____
Work Phone Number

Address