AbleVolley Youth Alliances Inc.

Volunteer Agreement, Liability Waiver & Release

Serving Neurodiverse Youth (ASD, ADHD, LD) | Everyone Can. Everyone Belongs.

> **Important Notice:** This document affects your legal rights. Please read carefully before signing. All volunteers (and parents/guardians if the volunteer is under 18) must review and complete this form prior to participating in any AbleVolley Youth Alliances Inc. programs or events.

1. VOLUNTEER ROLE & CODE OF CONDUCT

As a volunteer (such as a Buddy, Coach Assistant, or Program Supporter) with AbleVolley Youth Alliances Inc., I understand and agree to the following:

- **Mission Alignment:** I commit to supporting neurodiverse youth (ASD, ADHD, LD) with patience, respect, positive reinforcement, and inclusivity.
- **Volunteer Duties:** I will perform my assigned duties—such as accompanying youth during sports activities (e.g., volleyball, fitness sessions, community 5K runs)—to the best of my ability under the guidance of organization coordinators.
- **Safety & Compliance:** I agree to follow all safety guidelines, venue rules, and supervisory instructions provided by AbleVolley leadership at all times.

2. ASSUMPTION OF INHERENT RISKS

I acknowledge that volunteering for sports and outdoor recreational activities (including volleyball drills, running events, and group physical activities) carries inherent risks, including but not limited to slips, trips, falls, collisions, fatigue, and minor or severe physical injury. I confirm that I am in good physical health and proper condition to participate safely as a volunteer.

3. RELEASE OF LIABILITY & HOLD HARMLESS

In consideration of being accepted as a volunteer for AbleVolley Youth Alliances Inc., I hereby release, waive, discharge, and covenant not to sue AbleVolley Youth Alliances Inc., its directors, officers, employees, agents, and volunteers from any and all liability, claims, demands, losses, or damages arising out of or related to any injury, loss, or damage to person or property that I may sustain while participating in volunteer activities, except in cases arising directly from the organization's gross negligence or willful misconduct.

4. MEDIA & PHOTO RELEASE

I understand that AbleVolley Youth Alliances Inc. captures photos, videos, and stories to celebrate participant and volunteer achievements and share the impact of our community programs.

- **Consent:** I grant permission to AbleVolley Youth Alliances Inc. and its representatives to photograph, film, or record me during volunteer activities.
- **Usage:** I agree that these visual and audio materials may be used in promotional materials, social media, newsletters, reports, and website displays. I waive any right to inspection, approval, royalties, or compensation whatsoever for this usage.

5. CONFIDENTIALITY & CHILD PROTECTION

I acknowledge that during my volunteer service, I may have access to confidential information regarding participating youth and their families. I agree to maintain strict confidentiality and adhere to all child safety, privacy, and protection standards required by the organization.

6. ACKNOWLEDGMENT & VOLUNTARY EXECUTION

I have read this Volunteer Agreement, Liability Waiver & Release in its entirety, fully understand its terms, and understand that I am giving up substantial legal rights by signing it. I am signing this agreement freely, voluntarily, and without any inducement.

VOLUNTEER INFORMATION

Volunteer Full Name (Print): _____ **Date (YYYY-MM-DD):** _____

Volunteer Signature: _____

For Volunteers Under 18 Years of Age (Parent/Guardian Section): *If the volunteer is a high school student under 18 years of age, a parent or legal guardian must review and sign below.*

Parent / Guardian Full Name (Print): _____ **Date (YYYY-MM-DD):** _____

Parent / Guardian Signature: _____