



Turning Pointe Autism Foundation Volunteer Waiver

Thank you for volunteering. We greatly appreciate your assistance and commitment to empower individuals, families and communities. Our insurance policy requires that we have an accurate record of all volunteers. This Waiver is in full force and effect until you provide written express notice of your revocation of this waiver delivered to the President/CEO.

The Volunteer desires to work as a volunteer for Turning Pointe Autism Foundation (“TPAF”) and engage in the activities related to being a volunteer (the “Activities”). The Volunteer understands that the Activities may include but not be limited to: working in the TPAF offices or facilities, staffing in special events, resource fairs, golf outings and fundraisers and such other activities as TPAF may assign in its sole and reasonable discretion.

The Volunteer hereby freely, voluntarily, and without duress executes this Waiver under the following terms:

Release and Waiver: Volunteer does hereby release and forever discharge and hold harmless TPAF 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 arise from Volunteer’s Activities with TPAF. Volunteer understands that this Waiver discharges TPAF from any liability or claim that the Volunteer may have against TPAF with respect to any bodily injury, personal injury, illness, death or property damage that may result from the Volunteer’s Activities with TPAF, whether caused by the negligence of TPAF or its officers, directors, employees, or agents or otherwise. Volunteer also understands that TPAF 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 or illness.

Medical Treatment: Volunteer does hereby release and forever discharge TPAF from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with TPAF.

Assumption of Risk: The Volunteer understands and expressly and specifically assumes the risk of any type of injury, illness, death or property damage that may result or arise from the Volunteer’s Activities with TPAF.

Health Insurance: Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release: Volunteer does hereby grant and convey unto TPAF all rights, title, and interest in any and all photographic images and video or audio recordings made by TPAF during the Volunteer’s Activities with TPAF, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Confidentiality: Volunteer acknowledges that as part of Volunteer’s association with TPAF, Volunteer has been and given access, in confidence, to Confidential Information which includes, but is not limited to, policies, procedures, reports, manuals, work materials, presentations, questionnaires, proprietary content, tools, software, specifications, and business plans. With(out the prior written consent of an authorized representative of TPAF, Volunteer agrees to transmit the Confidential Information only for the purposes of its relationship with TPAF and as pertaining to Volunteer’s duties as assigned by the President/CEO of TPAF and only to those who are informed by Volunteer of the confidential nature of the Information, who shall have previously agreed to be bound by the terms and conditions of this Agreement, and who are required to see such information. In any event, Volunteer shall be responsible for any breach of this Agreement.

Upon request by TPAF, Volunteer will return all Confidential Information that is in tangible form, without retaining any electronic files or copies, and will destroy all abstracts and summaries thereof, and documents making reference thereto, and certify to TPAF that it has done

Volunteer Name

Email

Address

City, State, Zip

Emergency Contact

Relation

By signing the Volunteer is agreeing to the above terms of the Volunteer Waiver

Signature

Date

Parent or Legal guardian signature if Volunteer is under the age of 18

Date