**Liability Waiver**

**Volunteer Form**

1. By signing this Waiver and Release of Liability (Agreement), I waive and release Samaritas, its agents, servants, employees, insurers, successors, and assigns from any and all claims, demands, causes of action, damages, or suits at law and equity of any kind, including but not limited to claims for personal injury, property damage, medical expenses, loss of services, on account of or in any way related to or growing out of my presence or involvement at the facility.

This waiver and release is intended to and does release Samaritas from any and all liability for damages or injuries on account of or in any way related to or growing out of my negligence, the negligence of third parties, and Samaritas ’s negligence. This is not intended to release Samaritas from any liability resulting from their intentional conduct.

I further covenant and agree not to institute any claims or legal action against Samaritas for any claim released by this Agreement. I further agree that should any claim be made against Samaritas in violation of this Agreement, including but not limited to derivative claims, I will protect, defend, and completely indemnity (reimburse) Samaritas for any such claim and expenses including attorney’s fees and costs incurred by Samaritas in defending themselves or security indemnity hereunder.

2. I understand that Samaritas is not responsible for any lost, stolen, or damaged valuables or property.

3. I acknowledge that I have received and read a copy of the current rules and regulations governing the use of the facility. I agree that I will fully comply with all rules and regulations and with any amendments.

4. I understand that Samaritas volunteers who have knowledge of facts concerning activities that he or she believes might violate the law, organization policies, or standards of service have an obligation to promptly report the matter to his or her superiors or to the Samaritas Corporate Compliance Officer at the confidential number: 800-572-9565 or by email at [corporatecompliance@samaritas.org](mailto:corporatecompliance@samaritas.org).

I have read the Agreement and understand that by signing the Agreement I have consented to be bound by its terms, including the waiver/release of any legal right I may have to sue Samaritas for any costs they incur because a claim or legal action is brought in violation of this Agreement. I agree any violation of the Agreement and its terms and conditions, as determined by Samaritas, will void and terminate this Agreement and may result in loss of the ability to use the facility.

I am signing this Agreement freely, voluntarily, and competently and am at least eighteen (18) years of age.

Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Media Consent**

I give my permission to Samaritas to use my name, likeness, words and/or voice and information about myself, my family and the circumstances of my relationship with Samaritas for public relations and marketing purposes, including publications, displays, videos and Websites, as deemed appropriate by the Communications Department.

I understand that I will not be paid for this use, and that I do not have the right to inspect or further approve the use to which my name, likeness, words and/or voice may be applied. I release Samaritas and all persons operating under its authority from any liability relating to the use of my name, likeness, words and/or voice or information about the circumstances of my relationship to the agency. I understand that this information may be re-disclosed once it is made public.

I consent to all of the following, unless indicated below: use of my name, my portrait, picture, video image, photograph or any reproduction or likeness of me; quotation of my remarks; audio recording of my voice; information about myself, my family and the circumstances of our relationship with Samaritas.

Do not use the following:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Individual’s Name (please print) Signature

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Daytime phone

**Personal Representative for Incapacitated Individual or Minor Child:**

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Print name of Personal Representative Signature

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Signature of Witness Date

Consent is considered ongoing; however, permission may be withdrawn at any time by writing to Samaritas, Communications Department, 8131 East Jefferson Ave., Detroit, MI 48214, except to the extent that Samaritas has already relied on it.

**Keep in Touch!**

Please provide your contact information if you would like to be kept up to date on Samaritas’s volunteering updates, needs, and opportunities.

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_