

## Volunteer Acceptance, Release and Waiver of Liability

We appreciate your willingness to serve as a FELLOWSHIP SQUARE FOUNDATION volunteer and value all the knowledge, experience and diversity that you bring. Our insurance policy requires that we have an accurate record of all volunteers, and this form is your agreement to release FELLOWSHIP SQUARE FOUNDATION of all liability while working at or on behalf of any of the following properties:

### **Fellowship Square HQ**

11260 Roger Bacon Dr., Suite 20, Reston, VA 20190

Hunters Woods Fellowship House 2231 Colts Neck Road, Reston, VA 20191 Lake Ridge Fellowship House 12800 Harbor Drive, Woodbridge, VA 22192

**Largo Landing Fellowship House** 1077 Largo Road, Upper Marlboro, MD 20774

This Release and Waiver of Liability (the "Release") executed on (date) \_\_\_\_\_\_by (name of volunteer)

\_\_\_\_\_\_. ("Volunteer") releases the Fellowship Square Foundation, a nonprofit corporation organized and existing under the laws of the District of Columbia, and each of its directors, officers, employees, agents and affiliated entities, including but not limited to Hunters Woods Elderly Developments of Virginia, Lake Ridge Elderly Development, and Largo Landing Elderly Development (collectively "FELLOWSHIP SQUARE FOUNDATION").

The Volunteer desires to work as a volunteer and engage in activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include physical activity, social activities, participating in special events and fundraisers, gardening and clean-up around the property, and other interactions with staff, residents and other volunteers. Volunteers may also be asked to transport food, medicine or other items to be used by residents from designated pick-up points to the property.

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

**Release and Waiver:** Volunteer does hereby release and forever discharge and hold harmless FELLOWSHIP SQUARE FOUNDATION and its successors and assigns from any and all liability, claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with FELLOWSHIP SQUARE FOUNDATION.

Volunteer understands that this Release discharges FELLOWSHIP SQUARE FOUNDATION from any liability or claim that the Volunteer may have against FELLOWSHIP SQUARE FOUNDATION with respect to any bodily injury, personal injury, illness, death or property damage that may result from the Volunteer's activities with FELLOWSHIP SQUARE FOUNDATION, whether or not caused by the negligence of FELLOWSHIP SQUARE FOUNDATION. Volunteer also understands that FELLOWSHIP SQUARE FOUNDATION 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 FELLOWSHIP SQUARE FOUNDATION 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 FELLOWSHIP SQUARE FOUNDATION.

11260 ROGER BACON DRIVE, SUITE 20, RESTON, VIRGINA 20190 • (703) 860-2536 INFO@FELLOWSHIPSQUARE.ORG • WWW.FELLOWSHIPSQUARE.ORG Assumption of the Risk: The Volunteer understands that the activities may include work that may be hazardous to the Volunteer, including but not limited to physical activity, such as loading and unloading of supplies and boxes and other physical exertion. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and release FELLOWSHIP SQUARE FOUNDATION from all liability for injury, illness, death and property damage resulting from the Activities.

**Insurance:** The Volunteer understands that, except as otherwise agreed to by FELLOWSHIP SQUARE FOUNDATION in writing, FELLOWSHIP SQUARE FOUNDATION does not carry or maintain health, medical or disability insurance for any Volunteer.

**Photographic Release:** Volunteer does hereby grant and convey unto FELLOWSHIP SQUARE FOUNDATION all rights, title and interest in any and all photographic images and video or audio recording made by FELLOWSHIP SQUARE FOUNDATION during the Volunteer's Activities with FELLOWSHIP SQUARE FOUNDATION, including but not limited to any royalties, proceeds or other benefits derived from such photographs or recordings. Volunteer gives FELLOWSHIP SQUARE FOUNDATION permission to use their images, words or quotations to further its mission.

**Other:** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the District of Columbia and that this Release shall be governed by and interpreted in accordance with the law of the District of Columbia, except where statutorily required by a local jurisdiction. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

### IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first written above.

Volunteer Name (Print):\_\_\_\_\_\_ Volunteer Signature:\_\_\_\_\_

Group/Organization (If Applicable):\_\_\_\_\_\_

### \*\*\*\*\*\*IF VOLUNTEER IS UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIAN MUST SIGN\*\*\*\*\*\*\*\*

Parent Name:	
Parent Signature:	
In case of emergency, contact:	
Name:	
Relation:	Phone:

Revised August 2022