



To be completed and submitted to Hands On Asheville-Buncombe
before any minor can use an account at www.handsonasheville.org.

Must be completed and presented to Volunteer Leader each time a minor attends a Hands On Flex project.



Hands On Asheville-Buncombe Minor Volunteer Waiver

☐ Check box if submitting Minor Waiver to authorize below listed minor to create and use an account at www.handsonasheville.org

☐ Check box if completing Minor Waiver to authorize below listed minor to participate in a Hands On Managed Flex Project.

Project Date: _____ Name of Volunteer Project/Location: _____

Minor's Name: _____ Minor's Birth Date: __/__/__ Minor's email (if 16+): _____

In case of emergency, please contact: _____ Phone: _____

Parent/Guardian: please read the following agreement and sign below:

1. I, the undersigned, authorize the above listed child or ward to volunteer his/her volunteer service to various community service organizations and projects through Hands On Asheville-Buncombe, the volunteer center of United Way of Asheville and Buncombe County ("United Way"). As a participant in volunteer opportunities arranged by Hands On Asheville Buncombe (hereafter referenced as "Hands On"), and in consideration of Hands On's efforts to locate, arrange, coordinate and/or make available volunteer opportunities, I hereby agree and release Hands On Asheville-Buncombe and United Way of Asheville and Buncombe County and all affiliated entities as follows:

2. I understand that my child/ward is a volunteer and not an employee of Hands On Asheville-Buncombe. I acknowledge and agree that the nature of the volunteer services typically performed by Hands On volunteers, and which may be performed by my child/ward as a Hands On volunteer may involve potential risk of injury. I willingly and freely assume any and all risk in connection with my child/ward's efforts or participation, including without limitation, risk of any accident or injury to person or property which he/she may sustain in connection with his/her participation as a volunteer or in any related project or activity.

3. I hereby acknowledge that Hands On is involved in assisting children, seniors and other vulnerable populations. I understand that for the protection of these populations, Hands On and United Way of Asheville and Buncombe County require disclosure of criminal background by all volunteers. **I hereby confirm, represent, and warrant that my child/ward has never been convicted of or charged with any felony or violent crime, nor has he/she ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.**

4. I hereby release Hands On and United Way, its community service partners, directors, officers, agents, employees, successors, designees, licensees, sponsors, donors, representatives, guests, affiliates, and volunteers (the "Hands On Parties") from and covenant not to sue for, any and all claims and causes of action, whether known or unknown, arising out of, based upon or relating to my child/ward's participation as a volunteer of Hands On or in any related activity or project, including, without limitation, any negligence of Hands On Parties. Furthermore, to the extent that my child/ward utilizes a vehicle (if applicable) for transportation or other purposes in connection with a volunteer project or activity, I hereby represent and warrant that I or my child/ward has a current automobile liability insurance policy in force that includes bodily injury and property damage.

5. I understand that, except as otherwise agreed by Hands On in writing, Hands On does not carry or maintain motor vehicle, health, medical or workers' compensation or disability coverage for any volunteer. I also understand that Hands On does not represent or warrant that any agencies, schools, businesses, companies or other nonprofits with which it refers volunteers carry or maintain motor vehicle, health, medical, workers' compensation or disability insurance coverage for any volunteer.

6. I further grant to Hands On Asheville-Buncombe, United Way of Asheville and Buncombe County, and HandsOn Network, its designees and successors, my consent to use my child/ward's name, photograph, likeness, image, voice and biography in any publications, advertising and publicity, in connection with his/her participation with Hands On.

7. I acknowledge that when I attend a volunteer project with my child/ward, I am responsible to provide adequate supervision for my child/ward throughout the duration of the project.

8. I hereby authorize Hands On Asheville-Buncombe, United Way of Asheville and Buncombe County and any of its directors, officers, employees, partners, agents, volunteer leaders or successors at its discretion without obtaining any further consent to arrange such medical services and treatment including but not limited to, surgery, injections, and the administration of an anesthetic as may be deemed necessary by qualified medical professionals for my child or ward. I understand that all health, accident, disability, and hospitalization costs are the minor child and/or my responsibility.

9. I will notify the Volunteer Leader or Agency Contact directly if my child/ward has health and physical or psychological condition(s), allergy(ies) (whether to medication, food, or otherwise), medications or other pertinent medical information to which the Volunteer Leader or Agency Contact should be aware. To the extent that the child or ward is taking any medication(s) at any time while volunteering with Hands On Asheville-Buncombe, I acknowledge that he/she is solely responsible for the timely and appropriate administration of medication(s). Listing these conditions below does not void any aspect of this release and I must notify the Volunteer Leader of these conditions each time my child/ward volunteers.

10. I acknowledge that the above information is true, correct and complete as of the date this Release is being signed, and agree to provide updated information to Hands On Asheville-Buncombe, if reasonably necessary between the date hereof and the conclusion of the child or ward's participation in volunteer activities through Hands On Asheville-Buncombe.

11. I hereby agree to indemnify, defend, and hold harmless Hands On Asheville-Buncombe and Hands On parties from and against any and all claims, demands, expenses or causes of action arising out of or related to any medical treatment provided to my child or ward pursuant to his/her volunteer activities with Hands On Asheville-Buncombe, including any allergy/medically related treatment.

12. This release is for the benefit of Hands On Asheville-Buncombe and United Way of Asheville and Buncombe County and its successors, licensees, agents, employees, affiliates and assigns. The laws of the State of North Carolina shall govern this release. This release will remain valid for future volunteer activities unless revoked in writing. **I hereby warrant that I am authorized to sign this release on behalf of this child/ward.**

Guardian Name: _____ Home Phone: _____ Cell: _____ Email: _____

Guardian's Signature and Relationship to Minor: _____ Date: _____

Allergies: _____