



FEMERGY AUTHORIZATION, WAIVER AND RELEASE OF LIABILITY FOR ALL VOLUNTEERS

Volunteer Release and Waiver of Liability Form This Release and Waiver of Liability (the “release”) executed on _____ (date) by _____ (“Volunteer”) releases Femergy, (“Nonprofit”), a nonprofit corporation organized and existing under the laws of the State of OHIO and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with Nonprofit is limited to a volunteer position with the *Femergy’s GHRO YOUR FUTURE CONFERENCE*, taking place at The Ohio State University in Columbus, OH: on the following dates: 06/08/19, 06/09/19, 06/10/19, 06/11/19, 06/12/19, 06/13/19, and 06/14/19 and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to Nonprofit.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit 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 the services I provide to Nonprofit. I hereby waive, release and discharge Femergy, as well as its staff, volunteers and partners, and voluntarily assume full responsibility for any risk of loss, property damage, injury, accident, illness, including death that I may sustain as a result of participating in the activities while I am providing volunteer services, however caused. (Please Initial ____)

2. Insurance: Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me. (Please Initial ____)

3. Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit. (Please Initial ____)

4. Assumption of Risk: I understand that the services I provide to Nonprofit may include activities that may have certain inherent risks, may involve an element of risk and danger of accidents, or may cause injury. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Nonprofit from all liability. (Please Initial ____)

5. Photographic/Video Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit. (Please Initial ____)

6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of OHIO and that this Release shall be governed by and interpreted in accordance with the laws of the State of OHIO. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected. By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily. (Please Initial ____)

Medical Conditions: I have the following allergies or medical conditions, food dietary restrictions, and I authorize the Organization to disclose such allergies or medical conditions to a physician in the event that I should require emergency medical care (describe allergies or medical conditions in reasonable detail):

While I am participating in the activities, I give permission to the staff, volunteers and partners of this organization (**Femergy**) to make such arrangements as he/she considers necessary on my behalf to receive medical/hospital care, including necessary transportation in the event of accident, illness or injury. I authorize such care and treatment to be performed by licensed Physician or surgeon. I FULLY UNDERSTANDS I AM RESPONSIBLE TO PAY ALL COSTS INCURRED AS RESULT OF THE FOREGOING, except for care and treatment covered by my insurance. (**Please Initial** ____ ____)

Prohibited Activities: As a result of the medical conditions described above or for other reasons, I do not want to engage in any of the following activities (describe in reasonable detail):

I certify that I have read the above Authorization, Waiver and Release of Liability for All Volunteers and understand that by signing this form I am knowingly waiving any and all substantial rights and claims; I am of lawful age and legally competent to sign this document; I understand the terms herein; and voluntarily sign this document as my own free act and deed.

***Please complete ALL information below.**

Date _____ Signature _____

Print Full Name _____

Volunteers's Medical History/Information:

Policy Holder _____ Insurance Company _____

Policy # _____ Group # _____

Do you suffer from any medical, physical, emotional or behavioral conditions which might affect your safety while at conference? (i.e. claustrophobia, vertigo, asthma, heart condition, diabetes, epilepsy, etc.) **No | Yes |** If yes, please specify: _____

Are you currently undergoing any form of medical or psychological treatment? **No | Yes |** If yes, please describe: _____

Will you be bringing any prescription or non-prescription medication to conference, including an inhaler or EpiPen? **No | Yes |** If yes, please specify: _____

Are you allergic to any food, any medication, or insect stings? **No | Yes |** If Yes, please specify: _____

List any serious injuries or surgeries in the last 2 years **No | Yes |** If Yes, please specify: _____
