



## Volunteer Registration Form

Sunday, October 6, 2019

edenautism5k.org



*Please fill out one form for each volunteer and check off all that apply*

Shift 1: 5:45 am – 8:30 am (Course Set Up)

Shift 2: 7:00 am – 12:00 pm (Festival Set Up/Race Ambassador)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_

Did you volunteer last year?  If yes, what role did you have? \_\_\_\_\_

How did you hear about the 5K? \_\_\_\_\_

Volunteers will be given a t-shirt to wear on event day. Shirt Size (S, M, L, XL, XXL) \_\_\_\_\_

Do you need a letter from Eden acknowledging your volunteer service? \_\_\_\_\_

What school do you attend? \_\_\_\_\_

**WAIVER ON BACK MUST BE SIGNED**

Email completed form to [jennifer.dacunha@edenautism.org](mailto:jennifer.dacunha@edenautism.org)

**VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM**

The Release and Waiver of Liability (the "release") executed on \_\_\_\_\_ (date) by \_\_\_\_\_ ("Volunteer") releases Eden Autism Services Inc., ("EAS") and/or Eden Autism Services Foundation, Inc. ("EAS"), a nonprofit corporation organized and existing under the laws of the State of New Jersey and each of its directors, officers, employees, organizers, and agents. The Volunteer desires to provide volunteer services for Eden Autism Services and engage in activities related to serving as a volunteer.

The Volunteer understands that the scope of the Volunteer's relationship with Eden Autism Services is limited to a volunteer position and that no compensation is expected in return for services provided by the Volunteer; that EAS will not provide any benefits traditionally associated with employment to the Volunteer; and that the Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as result of the Volunteer's services to EAS.

The above named volunteer hereby agrees to the following:

1. **Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless Eden Autism Services 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 EAS. I understand and acknowledge that this release discharges EAS from any liability or claim that I may have against EAS with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to EAS or occurring while I am providing volunteer services.
2. **Insurance:** Further, I understand that Eden Autism Services does not assume any responsibility for or obligation to provide me 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 EAS beyond what may be offered freely by EAS in the event of injury or medical expenses incurred by me.
3. **Medical Treatment:** I hereby release and forever discharge Eden Autism Services 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 EAS.
4. **Assumption of Risk:** I understand that the services I provide to Eden Autism Services may include activities that may be hazardous to me including, but not limited to involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities release EAS from all liability.
5. **Photographic Release:** I grant and convey to Eden Autism Services all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by EAS in connection with my providing volunteer services to EAS.
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 New Jersey. I agree that in the event that any clause or provision of this release is deemed invalid, the enforceability of the remaining provisions of the 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.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*If volunteer is under the age of 18, a parent/guardian must read and sign this Release/Waiver of Liability form.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date