

United States Volt Hockey Association

Volunteer Liability Waiver and Release Form

Introduction: Thank you for volunteering with the United States Volt Hockey Association (USVHA). Your contributions help create a safe and inclusive environment for all participants. To ensure mutual understanding, this Liability Waiver and Release Form outlines the terms under which you agree to volunteer.

1. Volunteer Acknowledgment: By signing this form, I acknowledge and agree to the following:

- I am volunteering my services to the USVHA of my own free will, without expectation of monetary compensation or other benefits.
- I understand that my role as a volunteer involves inherent risks associated with physical activities, equipment handling, and interactions with participants.

2. Assumption of Risk:

- I acknowledge and voluntarily assume all risks associated with my volunteer activities, including but not limited to:
 - Physical injury (minor or severe) to myself or others.
 - Damage to personal or organizational property.
 - Emotional or psychological impacts arising from volunteer activities.
- I understand that the USVHA takes reasonable steps to ensure safety but cannot eliminate all risks.

3. Waiver and Release of Liability: In consideration of being allowed to volunteer, I hereby release, waive, and discharge the USVHA, its officers, directors, employees, agents, and other volunteers from any and all liability, claims, demands, or causes of action that may arise from my volunteer activities, including but not limited to:

- Personal injury or property damage, whether caused by negligence or otherwise.
- Claims arising out of any first aid or medical treatment provided in connection with my volunteer work.

4. Medical Treatment:

- I authorize the USVHA to seek emergency medical treatment on my behalf in the event of an injury or illness during my volunteer service.
- I understand that I am responsible for any medical expenses incurred as a result of such treatment.

5. Media Consent:

- I grant the USVHA permission to use photographs, videos, or recordings of me taken during volunteer activities for promotional, educational, or informational purposes without expectation of compensation or prior notice other than this consent.

6. Confidentiality Agreement:

- I agree to keep confidential any sensitive or personal information about participants, staff, or other volunteers obtained during my service.

7. Legal Capacity and Age:

- I affirm that I am of legal age (18 years or older) to sign this form or have obtained the consent of my parent/guardian (if under 18) as indicated below.

8. Acknowledgment of Understanding:

- I have read this Liability Waiver and Release Form in its entirety and fully understand its terms.
- I understand that by signing this document, I am waiving certain legal rights, including the right to sue the USVHA for any claims arising out of my volunteer activities.

Volunteer Information:

Name: _____

Date: _____

Signature: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Email: _____

Emergency Contact Information:

Name: _____

Phone: _____

Relationship: _____

For Volunteers Under 18:

Parent/Guardian Name: _____

Date: _____

Parent/Guardian Signature: _____