

Collections & Stories of American Muslims, Inc.

Volunteer Agreement & Release from Liability Form

This Release and Waiver of Liability executed this ____ day of _____, 200_ by _____ (the "Volunteer") in favor of Collections & Stories of American Muslims, Inc., a non-profit District of Columbia corporation, their directors, officers, employees, and agents (collectively "CSAM"). The Volunteer desires to work as a volunteer for CSAM and engage in activities related to being a volunteer (the "Activities"). The Volunteer understands that Activities may involve mentally and physically challenging work.

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 CSAM and its successors or assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or equity, which arise or may hereafter arise from Volunteer's Activities with CSAM..

The Volunteer understands that this Release discharges CSAM from any liability or claim that the Volunteer may have against CSAM with respect to bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with CSAM, whether caused by the negligence of CSAM or its officers, directors, employees, or agents or otherwise. Volunteers also understand that CSAM does not assume 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 illness or injury.

Medical Treatment. Volunteer does hereby release and forever discharge CSAM 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 CSAM.

Assumption of Risk. The Volunteer understands that the Activities include work that may be hazardous to the Volunteer.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases CSAM from all liability or injury, illness, death, or property damage resulting from the Activities.

Insurance. The Volunteer understands that, except as otherwise agreed to by CSAM in writing; CSAM does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release. Volunteer does hereby grant and convey unto CSAM all right, title, and interest in any and all photographic images and video or audio recordings made by CSAM during the Volunteer's Activities with CSAM, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs and recordings.

Others. Volunteer expressly agrees that this Release is intended to be a 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 laws of the **District of Columbia**. Volunteers agrees that in the event that any clause or provision of this Release shall be held invalid by any court of competent jurisdiction, the invalidity of such clause or 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 this ___ day of _____, 20____.

Volunteer Signature: _____

If minor, Parent/Guardian Signature: _____

Volunteer Printed Name: _____

Volunteer Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Volunteer Group (if any): _____ E-mail: _____

Medical Information:

Volunteer's Date of Birth: ____/____/____

Emergency Contact & Relationship: _____/_____

Emergency Phone Number: _____

List any medical conditions which may affect your volunteer work: _____

