

## Volunteer Liability Release

I hereby indicate my willingness to participate as a volunteer for Catholic Charities of Eastern Oklahoma (hereinafter referred to as “CCEOK”).

- I agree that I will follow all policies of CCEOK, as well as reasonable instructions and directions given by employees or lead volunteers of CCEOK.
- I agree to hold CCEOK, its employees, officers, board members, volunteers, and agents free of any and all additional liability in the event of accident, injury, death or personal loss.
- If I see a situation that appears dangerous or inappropriate, while serving in this volunteer capacity, I acknowledge that it is my responsibility to immediately contact the appropriate officials and let the staff person in charge know immediately.
- I give consent to CCEOK (without further approval by me) to have my photo taken or to be filmed, with the understanding that such photo(s) or video(s) may be used in full or part to promote the work of CCEOK.
- If I do not wish to have my photo taken, or to be filmed, I understand that it is my responsibility to notify CCEOK before any photos or videos are taken.

## Health Waiver

- If I am unable to perform certain volunteer tasks due to my physical or mental health conditions, then I promise to take full responsibility for informing the director of CCEOK where I am serving, rather than take the risk of any personal injury.

**By my signature below, I acknowledge the above release and waiver:**

**Printed Name:** \_\_\_\_\_

**Date:** mm/dd/yyyy \_\_\_\_\_

\_\_\_\_\_  
**Signature of Volunteer (or parent/guardian of a volunteer under age 18)**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_