

VOLUNTEER WAIVER AND RELEASE



JAPAN
AMERICA
SOCIETY OF
HOUSTON

Thank you for volunteering with Japan-America Society of Houston (JASH). We greatly appreciate your assistance and commitment to improving the community.

Please read this form carefully and sign if you understand and agree to its contents.

I hereby freely, voluntarily, and without duress execute this Release under the following terms:

Release and Waiver: I understand and expressly assume all the risks and dangers of the activities contemplated by this agreement, and I hereby release, waive, discharge, and covenant not to sue Japan-America Society of Houston and its affiliates (collectively, the "Releasees") from all liability, claims, demands, actions, or causes of action whatsoever arising out of any damages, loss, or injury to me or to my property while participating in any of the activities contemplated by this agreement. I also hereby release, waive, discharge and covenant not to sue the Releasees from any claims whatsoever on account of any first aid, treatment, or service rendered to me during my participation in the activities contemplated by this agreement. I hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs, including court costs and attorneys' fees that they may incur due to my participation in said activities.

Assumption of the Risk: I hereby expressly and specifically assume the risk of injury or harm in the volunteer activities and release Japan-America Society of Houston from all liability for injury, illness, death, or property damage resulting from the activities. I further represent and certify to said Japan-America Society of Houston, its officers, agents and assignees that I am physically able to do the various activities enumerated above without limitation and that I have no disabilities which might prevent me from doing the same.

COVID 19 Agreement: I attest that I am not experiencing any symptoms of illness such as a fever, cough, or shortness of breath. If I develop these symptoms, I agree that I will cancel my shift before arriving at the volunteer event. I do not believe that I have been exposed to a person with a confirmed or suspected case of COVID-19. I have not been diagnosed with COVID-19 and not yet cleared as noncontagious by state or local public health authorities. I am following recommended guidelines as much as possible

Photographic Release: I authorize Japan-America Society of Houston and its affiliates to record my participation in this program/event and to use in any manner and without restrictions, all materials produced pursuant to this release, including but not limited to any photograph or recorded image of either me or property belonging to me, any recording of my voice or statements made by me for any purpose, and any use of my name during the process of such recordings, in whole or in part, without inspection or further consent or approval by me or by my parent or guardian (if applicable) of the finished product or any use which may be made of it. I further agree that Japan-America Society of Houston may copyright, copy, modify, alter, duplicate, broadcast and/or distribute any or all such materials without limitation, through any means whatsoever.

I agree, for myself and my successors, that the above representations and agreements are contractually binding, and are not mere recitals. I agree that my failure or refusal to sign such agreements or releases shall in no way affect the validity of this agreement, nor revoke or cancel any of the terms of this agreement. I or any of my successors shall be liable for the expenses (including legal fees) incurred by the party or parties in defending against such claim or suit. This agreement shall not be modified orally. I have carefully read this form and fully understand its contents.

I am aware that this is a release of liability, a waiver of claims, an agreement not to sue, an indemnity, and a contract between myself Japan-America Society of Houston and its affiliates and for the benefit of others described herein, I sign it of my own free will.

By writing your name in the boxes below, you confirm that you have read and agree to the volunteer policies and volunteer waiver.

VOLUNTEER NAME: _____

VOLUNTEER SIGNATURE: _____ DATE: _____

PHONE: _____ EMAIL: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMERGENCY CONTACT: NAME: _____

RELATION: _____ PHONE: _____

FOR PERSONS UNDER AGE 18:-----

NAME OF MINOR VOLUNTEER: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____