

SOUTHWEST HUMAN DEVELOPMENT ("SWHD") VOLUNTEER AGREEMENT & RELEASE ("Agreement")

| reating a Positive Future for Young Children | |
|---|---|
| EVENT DATE: | |
| VOLUNTEER INFORMATION : (PLEASE PRINT) Name (first and last) | |
| Personal Email (for SWHD purposes only) | |
| Telephone Cell/Mobile□ Work □ Home□ | |
| Company/Organization | |
| Emergency Contact (first & last name, telephone) | |
| Is this your first time volunteering with SWHD? | Yes□ No□ |
| to the year met time volunteering with everile. | 1000 1000 |
| unidentified/unfamiliar persons, and other potential ris activities, I agree to release and hold harmless SWHE their respective employees, officers, directors, volunte responsibility pertaining to any claims, demands, and claims, demands, and actions resulting from illness or or damage caused by negligence) during my participal from any cause whatsoever, whether caused by SWH extends to claims that I do not know or do not expect | ture of such volunteer activities may involve physical activity, contact with ks of injury. With full knowledge of the risks associated with such volunteer 0, the organizations at which or on behalf of I am volunteering, and each of ers, agents, agencies, and funding sources, from all liability and actions resulting from my participation in such volunteer activities, including injuries (physical or mental) and/or property damage (including any injury tion, that are incurred by myself and/or arising either directly or indirectly D's active or passive negligence or otherwise. I understand this release to exist at the time of the signing of this Agreement. I agree to indemnify, may arise as a result of my negligent, criminal, willful, or fraudulent acts or |
| officers, members, managers, agents, representatives limitation or compensation, and in exchange for the portion and grant SWHD and Photographer, today and in the (1) to record on any media (photographic, video, digital (whether alone or with others) (collectively the "Photographa and reproduce the Photographs in whole or in with other images (of people, natural elements or any now known or later invented, with or without my name (3) to alter, edit, crop or retouch the Photographs with Photographs may be used for any and all purposes, in commercial art, and advertising purposes, in any med Photographs may be displayed publicly and prominent approve any use of the Photographs or the rights grand discharge, and hold harmless SWHD and Photograph Photographs or with SWHD's or Photographer's exercial additional compensation, claims of defamation, blurring privacy or publicity. I understand that by releasing SW would otherwise retain. SWHD and/or Photographs. The and the rights in the Photographs. (I prefer to opt-out and the rights in the Photographs.) | , |
| Requests for modification or termination of this agreen at 2850 N. 24th Street, Phoenix, AZ 85008, Attn: Deve | nent must be addressed in writing by the above named volunteer to SWHD lopment Department. |
| VOLUNTEER SIGNATURE: | |
| | by minor's Parent or Legal Guardian: I HEREBY CONSENT AND AGREE, DIAN, TO ALL THE TERMS AND PROVISIONS STATED ABOVE. |

NAME (first, last; please print):______SIGNATURE: