

Volunteer Disclaimer for Volunteers under the age of 18

DISCLAIMER & ACKNOWLEDGEMENTS

UCP's Camp SMILE is an equal-opportunity employer and makes its employment decisions without regard to race, color, creed, (except permitted by law) sex, national origin, age (under 16 years), disability, or other protected status under state, federal or local Equal Opportunity Laws.

I, the applicant, understand and agree that:

1. Any material misrepresentation or omission of facts in my application papers or pre-selection interview may be justification for refusal of, or if selected, termination from a volunteer position.
2. Camp SMILE may make a thorough investigation of my entire work history, or any part thereof, and may verify all data given in my application, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Camp SMILE. I understand that unfavorable information or misrepresentation discovered as a result of this investigation may prevent my being selected, or if selected, may subject me to immediate dismissal. Camp SMILE representatives are hereby authorized to contact my previous employers, schools I attended, personal references I have listed and to make any investigation of my personal background for the purpose of evaluating my qualifications for volunteering.
3. The facts set forth in my application in its entirety are true and complete, to the best of my knowledge. I understand that false statements on this application shall be considered sufficient grounds for dismissal.
4. If accepted as a volunteer at Camp SMILE, I agree to abide by all of its policies and procedures, as well as, the Volunteer Code of Conduct.
5. I further understand that this is an application to volunteer and that this application does not guarantee my selection.

RELEASE, WAIVER & INDEMNITY

The undersigned has volunteered to be a counselor or staff member at Camp SMILE, provided by United Cerebral Palsy of Mobile, Inc. The undersigned acknowledges that as a counselor or staff member, he/she will engage in, and assist others in engaging in, sport, recreational and other activities which are, or may be, potentially dangerous. The undersigned hereby acknowledges that he/she understands that he/she will be engaging in, and assisting others to engage in such activities, and the undersigned hereby releases United Cerebral Palsy of Mobile, Inc., the owners of the property upon which Camp SMILE is conducted, and their respective agents, employees, successors and assigns, from, and hereby waives, any and all liability, claims, demands, actions, causes of action, expenses and damages in any way resulting from personal injuries, conscious suffering, death or property damage sustained by the undersigned arising out of the undersigned's participation in such camp activities. This Release, Waiver & Indemnity shall be binding upon the undersigned and his/her heirs, successors and assigns.

I hereby grant to the Camp Physician or his authorized representatives permission to furnish or arrange for the furnishing of such hospital and medical care as (Name of Volunteer) _____ MIGHT REQUIRE DURING SUCH TIME AS HE/SHE IS A VOLUNTEER AT CAMP SMILE. This medical care shall include, but not be limited to, examinations, treatment, immunizations, injections, anesthesia, surgery and other procedures, etc. I understand that I shall be notified as soon as possible. Failure in such efforts shall not prevent the provision of emergency treatment necessary for the best interest of the life and health of said counselor or staff member.

For and in consideration of Camp SMILE receiving the herein named counselor or staff member in the camp, and in consideration of the same, and any services which might be performed for the counselor or staff member, the undersigned, as natural guardian of said counselor or staff member, for and on behalf of the camp or the undersigned individually, hereby releases, acquits, covenants to hold harmless and indemnify the camp physician, Camp SMILE, and all other persons, firms and corporations associated with them, from all claims, damages, actions and causes of action of whatever nature may accrue to the said counselor or the undersigned, their heirs, executors,



administrators, and legal representatives and assigns, arising out of any of the above procedures.

The undersigned further grants permission for said counselor or staff member to be photographed, with such pictures, audio, video and names to be used for the following purposes: educational videos, social media (including Twitter, Facebook, Pinterest, etc.), advertisement of agency special events and services on TV, billboards, newsprint, and/or radio, promotion of agency/camp in printed marketing materials, promotion of agency/camp in public campaign appeals, and client files. I hereby waive all claims for compensation and any right to inspect and/or approve the finished project. It is my understanding that my participation in any of these recognized advertising medias is to depict activities and programs sponsored by United Cerebral Palsy of Mobile, Inc. and its subsidiaries.

As a volunteer, I acknowledge and agree I am not an employee of United Cerebral Palsy of Mobile's Camp SMILE. I acknowledge and agree that I will not receive any compensation or benefit for my participation in volunteer Programs, nor will I be eligible for any coverage under the Workers' Compensation laws of Alabama.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

If the undersigned volunteer is under the age of nineteen years, his/her parent and/or legal guardian will also be required to execute this Release, Waiver and Indemnity. By doing so, the undersigned parent and/or legal guardian hereby releases United Cerebral Palsy of mobile, Inc., the owners of the property upon which Camp SMILE is conducted, and their agents, employees, successors and assigns, from, and hereby waive, all of the aforementioned liabilities, claims, demands, action, causes of action, expenses and damages in any way resulting from personal injury, conscious suffering, death or property damage sustained by the undersigned counselor or staff member and hereby agree to hold harmless, United Cerebral Palsy of Mobile, Inc., the owners of the property upon which Camp SMILE is conducted, and their agents, employees, successor and assigns, from and against all losses, claims, demands, actions or proceedings of any kind which may be initiated against any of the foregoing by any person and arising out of any action or inaction on the part of United Cerebral Palsy of Mobile, Inc. or such owner, agents, employees, successors, or assigns in any way related to any of the activities described in the preceding paragraphs or contemplated hereby.

Date

Counselor Name (Printed)

Counselor Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

