



Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability executed on _____ by _____ releases Begin To Dream Again Corporation a nonprofit corporation organized and existing under the laws of the State of Massachusetts and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services at Begin To Dream Again Corporation and engage in activities related to serving as a volunteer.

Begin To Dream Again, volunteer understands that the scope of his/her relationship with Begin To Dream Again Corporation is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer. Begin To Dream Again Corporation will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteers services to Begin To Dream Again Corporation.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Begin To Dream Again Corporation and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Begin To Dream Again Corporation . I understand and acknowledge that this Release discharges Begin To Dream Again Corporation from any liability or claim that I may have against Begin To Dream Again Corporation with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Begin To Dream Again Corporation or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Begin To Dream Again Corporation does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Begin To Dream Again Corporation beyond what may be offered freely by Begin To Dream Again Corporation in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Begin To Dream Again Corporation from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Begin To Dream Again Corporation.
4. Assumption of Risk: I understand that the services I provide to Begin To Dream Again may include activities that may be hazardous to me including, but not limited to interactions with at-risk populations and may involve inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Begin To Dream Again Corporation from all liability.
5. Photographic Release: I grant and convey to Begin To Dream Again Corporation all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Begin To Dream Again Corporation in connection with my providing volunteer services.
6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Massachusetts and that this Release shall be governed by and interpreted in accordance with the laws of the State of Massachusetts. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Date



Photograph & Video Release Form

I hereby grant permission of use to Begin To Dream Again Corporation to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse informational settings within an unrestricted geographic area. Photographic, audio or video recordings may be used for the following purposes:

- Informational presentations (brochures, pamphlets, flyers etc.)
- On-line/ website materials
- Use on all social media platforms i.e. Twitter, Facebook, Instagram etc.
- Press and media outlets use

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for informational purposes.

Full Name _____
Street Address/P.O. Box _____
City/ State/ Zip Code _____
Phone _____ Fax _____
Email Address _____

Participants Signature Date

Parents Signature Date

If this release is obtained from a participant under the age of 18, the signature of that participant’s parent or legal guardian is required.



Volunteer Confidentiality Policy

I, _____ (print name), agree that I will comply with the following Confidentiality Policy: Begin to Dream Again volunteers and interns may not disclose any confidential Begin to Dream Again Corporation information in any form, except within Begin to Dream Again Corporation as needed to carry out his or her responsibilities and otherwise as approved by Begin to Dream Again Corporation . Confidential information includes, but is not limited to, any information concerning Begin to Dream Again Corporation clients or individuals, Begin to Dream Again Corporation staff, and may be in the form of electronic or paper records, or information obtained or disclosed in any other format, such as in person meetings. Such prohibited disclosure includes, but is not limited to, posting on social media sites.

Signature

Date