

Informed Consent for Voluntary Involvement and Release of Liability

Are you 18 years of age or older? Yes _____ No _____

If the participant is under the age of 18, please complete only the *Informed Consent and Release of Liability for Youth Under18* section of this informed consent. This section can be found on page 2.

CONTACT INFO (Please Print)

Name _____ Date of Birth _____

Primary Address _____ City _____ State _____

Zip _____ Primary Phone # _____ Primary E-mail _____

PLEASE READ, INITIAL AND SIGN CAREFULLY. THIS MAY AFFECT YOUR LEGAL RIGHTS.

This informed consent and release form, executed on _____ (TODAY'S DATE), serves to document the agreement between (PRINT YOUR NAME) _____ and YWCA Seattle, King County and Snohomish County (herein known as YWCA). By signing below, I agree to the following terms:

- 1. Involvement:** I hereby acknowledge that I am entering into this agreement freely, voluntarily, without duress and without any expectation of any form of monetary compensation. I acknowledge that I am not an employee of the YWCA.

PLEASE INITIAL _____
- 2. Release of Liability:** I hereby release and forever discharge and hold harmless the YWCA, its staff, clients, volunteers, successors, assignees and agents from any and all liability, claims, and demands of whatever kind or nature which may arise during or as a result of my voluntary involvement with the YWCA. I understand that I am releasing the YWCA from any liability in respect to bodily injury, personal injury, illness, death or property damage that may result from my voluntary involvement with the YWCA, whether caused by negligence or otherwise.

PLEASE INITIAL _____
- 3. Assumption of Risk:** I hereby acknowledge that while participating with the YWCA, I may be exposed to hazardous environment or working conditions. These include, but are not limited to, kitchen equipment, tools, lifting, loading and unloading materials, office equipment, vehicles and driving. I also acknowledge that while participating with the YWCA, I may be exposed to individuals with illness that include, but are not limited to HIV, hepatitis, MRSA, tuberculosis, influenza, lice, shingles and bed bugs.

PLEASE INITIAL _____
- 4. Medical Treatment:** I hereby release the YWCA from any claims that may arise as a result of any First Aid treatment or service administered in connection with my voluntary involvement with the YWCA. Furthermore, I hereby authorize the YWCA to seek professional medical attention for myself should I become incapacitated or should professional medical attention be needed.
- 5. Insurance:** I hereby acknowledge and understand that the YWCA shall not be responsible for or obligated to provide medical, health or disability insurance to any volunteer in excess of what it currently provides.
- 6. Law:** I hereby acknowledge that while engaged in my voluntary involvement with the YWCA, I shall abide by all federal laws and all laws of the state of Washington.
- 7. Media:** I hereby agree and give my consent to be interviewed, photographed, filmed, videotaped and/or sound-recorded. I understand the story of my volunteer experience, my words and/or images may appear in media (print/broadcast), and/or in advertising, publicity, fundraising, social media or informational material of the YWCA or affiliated organizations, including publication, website, video, etc. for up to 5 years. I waive all compensation for such use and I give the YWCA permission to use my full name in its publications.

PLEASE INITIAL _____
- 8. Severability:** If any provision in this release is found to be illegal or unenforceable, that provision shall be severable from the rest of this agreement and the remaining provisions shall continue in full force and effect.

Signature of Participant _____ Date _____

I hereby acknowledge that I have witnessed the above individual's signature of this waiver and release form.

Signature of Witness _____ Date _____

Informed Consent and Release of Liability for Youth Under 18

All individuals under the age of 18 must be accompanied by a parent/guardian when volunteering.

CONTACT INFO OF THE YOUTH (Please Print) - To be completed by the parent/guardian of the youth.

Name _____ Date of Birth _____

Primary Address _____ City _____ State _____ Zip _____

Primary Phone # _____ Primary E-mail _____

CONTACT INFO OF THE PARENT OR GUARDIAN (Please Print)

Name _____ Relation to the Youth _____

Primary Address _____ City _____ State _____ Zip _____

Primary Phone # _____ Primary E-mail _____

CONTACT INFO OF THE EMERGENCY CONTACT, IF DIFFERENT (must be 18 or older)

Name _____ Phone # _____ Relation to the Youth _____

PLEASE READ, INITIAL AND SIGN CAREFULLY. THIS MAY AFFECT YOUR LEGAL RIGHTS.

This informed consent and release form, executed on _____ (TODAY'S DATE), serves to document the agreement between (PRINTED NAME OF PARENT/GUARDIAN) _____ and YWCA Seattle, King County and Snohomish County (herein known as YWCA) in regards to the voluntary involvement of (PRINTED NAME OF YOUTH) _____. By signing below, I agree to the following terms:

- 1. Involvement:** I hereby acknowledge that the above mentioned youth is entering into this agreement freely, voluntarily, without duress and without any expectation of any form of monetary compensation. I acknowledge that the above mentioned youth is not an employee of the YWCA.
- 2. Release of Liability:** I hereby release and forever discharge and hold harmless the YWCA, its staff, clients, volunteers, successors, assignees and agents from any and all liability, claims, and demands of whatever kind or nature which may arise during or as a result of the above mentioned youth's voluntary involvement with the YWCA. I understand that I am releasing the YWCA from any liability in respect to bodily injury, personal injury, illness, death or property damage that may result from the above mentioned youth's voluntary involvement with the YWCA, whether caused by negligence or otherwise **PLEASE INITIAL _____**
- 3. Assumption of Risk:** I hereby acknowledge that while participating with the YWCA, the above mentioned youth may be exposed to hazardous environment or working conditions. I also acknowledge that while participating with the YWCA, the above mentioned youth may be exposed to individuals with illness that include, but are not limited to HIV, hepatitis, MRSA, tuberculosis, influenza, lice, shingles and bed bugs. **PLEASE INITIAL _____**
- 4. Medical Treatment:** I hereby release the YWCA from any claims that may arise as a result of any First Aid treatment or service administered in connection with the above mentioned youth's voluntary involvement with the YWCA. Furthermore, I hereby authorize the YWCA to seek professional medical attention for the above mentioned youth should he/she become incapacitated or should professional medical attention be needed.
- 5. Insurance:** I hereby acknowledge and understand that the YWCA shall not be responsible for or obligated to provide medical, health or disability insurance to any volunteer in excess of what it currently provides.
- 6. Law:** I hereby acknowledge that while engaged in voluntary involvement with the YWCA, the above mentioned youth shall abide by all federal laws and all laws of the state of Washington.
- 7. Media:** I hereby agree and give my consent for the above mentioned youth to be interviewed, photographed, filmed, videotaped and/or sound- recorded. I understand the story of his/her volunteer experience, his/her words and/or images may appear in media (print/broadcast), and/or in advertising, publicity, fundraising, social media or informational material of the YWCA or affiliated organizations, including publication, website, video, etc. for up to 5 years. I waive all compensation for such use and I give the YWCA permission to use his/her full name in its publications. **PLEASE INITIAL NO, I DO NOT GIVE MEDIA PERMISSION _____ YES, I DO _____**
- 8. Severability:** If any provision in this release is found to be illegal or unenforceable, that provision shall be severable from the rest of this agreement and the remaining provisions shall continue in full force and effect.

Signature of Parent/Guardian _____ Date _____

I hereby acknowledge that I have witnessed the above individual's signature of this informed consent & release of liability form on behalf of the above mentioned youth.

Signature of Witness _____ Date _____