



VOLUNTEER WAIVER
(no BGCMA campers/no minors)

Volunteer Name (please print clearly): _____

Minors AGE: _____ or OVER 18? _____

Mailing address: _____ City _____ State _____ ZIP _____

E-mail address: _____

Your Phone Number: _____

Emergency Name and Phone Number (who we call if you get hurt):

Any Medical Conditions we should be aware of: _____

Event (if applicable): _____

In consideration of having been accepted as a volunteer for Camp Kiwanis & the Boys & Girls Clubs of Metro Atlanta (BGCMA), and with the knowledge that I will be working, directly or indirectly, in a volunteer capacity for Camp Kiwanis & BGCMA involving various duties, I recognize fully that my presence and activity as a volunteer may involve some element of risk which I am willing to assume.

I, the undersigned, do hereby waive and release any and all rights, claims, injuries, liabilities, damages or lawsuits of any kind or nature of myself, and those of my heirs or assigns, which may exist or accrue in the future against Camp Kiwanis & BGCMA, its various departments, personnel, employees, elected officials, staff, or agents arising out of, as a result of, or in connection with the duties, responsibilities, and work which I will undertake as a volunteer for Camp Kiwanis & BGCMA.

I, the undersigned, do hereby agree to indemnify, defend and hold harmless Camp Kiwanis & BGCMA, its various departments, personnel, employees, elected officials, staff, or agents, from and against any and all rights, claims, injuries, liabilities, damages or lawsuits of any kind or nature of myself, those of my heirs or assigns, or of third parties, which may exist or accrue in the future, arising out of, as a result of, or in connection with the duties, responsibilities, and work which I will undertake as a volunteer for Camp Kiwanis & BGCMA.

I understand that as a volunteer I am in no sense an employee of Camp Kiwanis & BGCMA, and that I possess no rights under the Camp Kiwanis & BGCMA Merit System. Further, I understand that I am not entitled to benefits or workers' compensation benefits from Camp Kiwanis & BGCMA which may accrue to its employees. I further understand that I am not entitled to any vested rights to which an employee of Camp Kiwanis & BGCMA may be entitled.

I acknowledge and understand that I am only to perform such functions as specifically directed by the departmental representative to whom I am assigned.

_____/_____/_____
Volunteer (or Parent/Guardian Signature Date if under 18)

Hours you will be working at this event (if applicable): _____

Company or organization you represent (if applicable): _____