



North America Shirdi Sai Temple of Atlanta (NASSTA), Inc.

700 James Burgess Road, Suwanee, GA-30024

Phone: 678-455-7200



Volunteer Release & Waiver of Liability Form

I (the “*Volunteer*”), hereby, release the following Persons and Entities and otherwise agrees as follows: NASSTA Temple, Board of Trustees, EC, all committee members and management, jointly, severally, and individually. I desire to provide volunteer services and engage in activities related to serving to Sai Baba as a volunteer for NASSTA.

The Volunteer hereby agrees as follows:

- 1. WAIVER AND RELEASE:** As consideration for volunteering for NASSTA, I (the “*Volunteer*”), hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue the NASSTA Parties, Board of Trustees or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of NASSTA as a result of my volunteering. I hereby release and forever discharge and hold harmless the above listed entities from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide. I understand and acknowledge that this Release discharges the above listed entities from any liability or claim that I may have with respect to bodily and emotional injury, including pain and suffering, to myself or to others, personal injury, illness, death, or property damage that may result from the services I am providing for NASSTA as an “*at will*” volunteer.
- 2. INSURANCE:** Further I understand that none of the above participating entities assumes any responsibility for or obligation to provide me with financial, legal, or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of the participating entities.
- 3. MEDICAL TREATMENT:** I hereby Release and forever discharge the participating entities 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 NASSTA. I understand that if I am injured in the course of volunteering at NASSTA, I am not covered by NASSTA’s workers’ compensation insurance. I authorize NASSTA to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
- 4. ASSUMPTION OF RISKS:** As a volunteer, I understand that I control the dates and times when I volunteer and that NASSTA is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of my service or as a result of this service. I understand that the services I provide to NASSTA while carrying out activities at any place within NASSTA properties may include activities that may be hazardous to me including, but not limited to involving inherently dangerous activities, such as assisting with parking, or in the Temple kitchen, or in operating equipment or vehicles in service of the Temple. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release ALL participating entities from all liability for injury, illness, death, or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services for NASSTA.
- 5. PHOTOGRAPHIC RELEASE:** I grant and convey to NASSTA Management all rights, title, and interests in any and all photographs, images, video, and audio in connection with my providing volunteer services for NASSTA.

6. **POLICIES & PROCEDURES:** I agree to follow all procedures and policies instituted by NASSTA from time to time, including without limitation, the NASSTA Guidelines and Code of Conduct, and agree not to participate in unlawful harassment, exploitation, and formation of cliques, disruption or interference with other volunteers' work, intimidation, or other prohibited and/or unlawful activities. I understand that as an "at will" volunteer, my services may be terminated at any point by the NASSTA Management, without providing me any reason. I also understand that I cannot supervise other volunteers, unless I am also a Committee Coordinator, and will follow the express guidance of the NASSTA Management (including Coordinators) on all matters related to my services. I understand that I should conduct myself in a professional manner, and maintain an atmosphere of physical and emotional safety and harmony during my activities that will not do any harm to NASSTA, its operations, its reputation, or its environment. I will not use my volunteer privileges to further any personal business, professional or commercial interests at any location within the premises of the NASSTA, and will timely disclose all conflicts of interest to NASSTA Management. Furthermore, I agree to follow all federal, state, and local laws in relation to my work as a volunteer.
7. **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 Georgia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. 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. I understand that the materials and tools provided by NASSTA are and remain the property of NASSTA, and I agree to return these tools and any remaining materials to NASSTA at the end of my volunteer service. I currently have no known mental or physical or legal condition that would impair my capability for full participation as intended or expected of me as a Volunteer. Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and agree and accept this release, as evidenced by my signature below, as my own, free and voluntary act.

Volunteer Name: _____

Phone # _____ Email: _____

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Emergency Contact Relationship: _____

Preference area(s): General / Pooja / Kitchen / Maintenance / Parking / Front Desk

- I certify that **I have reviewed the Guidelines documents** and voluntarily accept their terms and conditions.
- I certify that **I'm at least 13 years of age** at the time of signing this waiver form.
- I certify that **I'm not doing volunteer service for a court-ordered community service mandate.**

Signature (parent/guardian if under 18)

Date