

VOLUNTEER WAIVER AND RELEASE FORM

South Central PA Judo Camp

In consideration of being permitted by the South Central PA Judo Foundation (SCPA) a project of the Foundation for Enhancing Communities (TFEC) (“Sponsors”), to volunteer at the South Central PA Judo Camp (the “Event”),

I, _____(by signing below) agree to serve as a volunteer at the South Central PA Judo Camp on July 31 - August 4, 2023 and commit to the following:

1. **VOLUNTEER DUTIES:** To perform my volunteer duties to the best of my ability and to serve as a volunteer without receiving any monetary compensation or other financial benefits for my service.
2. **VOLUNTEER RELATIONSHIP:** The Volunteer understands and agrees that this is not an employment agreement and that Volunteer’s services are donated, given freely, and without expectation of remuneration in any form whatsoever, including any rights or benefits that would accompany employment.
3. **BACKGROUND CHECK REQUIREMENTS:** The Volunteer understands and agrees that all services performed as a Volunteer at Event are under the supervision of SCPA and all volunteers at the Event are required to obtain background check clearances prior to the start of the volunteer’s first day. Prospective volunteers must obtain the following clearances prior to service:
 - a Report of criminal history from the Pennsylvania State Police
 - b Child abuse history clearance from the Department of Human Services
 - c A fingerprint based Federal criminal history check is required if the volunteer has lived outside the Commonwealth of Pennsylvania in the last 10 years. If the volunteer is not required to obtain an FBI Criminal History Clearance because they have lived within the Commonwealth continuously for the past 10 years, they must swear and affirm in writing that they are not disqualified from service based upon a conviction of an offense under § 6344 of the Child Protective Services Law. **(See attached Clearance Background Information)**
 - Links to schedule and complete these clearances online or by mail can be found at: <https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/default.aspx>

4. **LIABILITY WAIVER:** I hereby waive, release and discharge any and all claims for damage for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of volunteering at the Event. This release is intended to discharge in advance the SCPA and TFEC, their Board of Directors, officers, employees, and agents from any and all liability arising out of or connected in any way with my volunteering at the Event even though that liability may arise out of negligence or carelessness on the part of those parties. It is understood that activities such as the ones I will be volunteering at involve an element of risk and danger of accidents and injuries, up to and including death, and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is binding on my heirs and assigns. I agree to indemnify and to hold harmless the SCPA and TFEC, their Board of Directors, officers, employees, and agents from any loss, liability, damage, cost, or expense which they may incur as a result of my death or any injury or property damage that I may sustain while volunteering at the Event.
5. **TERMINATION OF SERVICES:** Volunteer understands and agrees that the SCPA may terminate Volunteer's services at any time and for any reason including, but not limited to the following reasons:
 - a Results from a background check
 - b Falsified volunteer information;
 - c Any willful misconduct, gross negligence, reckless disregard for the safety of others, or fraud or criminal acts; or
 - d Any other act or conflict that is deemed to be detrimental to the mission, goals and values of the Sponsors.
6. **PHOTO RELEASE:** I consent to the use of any photo images taken by the Sponsors' staff and its agents during this activity to be used in any or all Sponsors' publications and websites.
7. **MEDIA RELEASE:** I acknowledge that the Event may be recorded in audio, visual, and/or audiovisual media and I consent to the making and use of such recordings by the Sponsors or their licensees for any purpose. I release the Sponsors and its their licensees from and waive any claims related to or arising by reason of the making and/or use of any such recordings or photographs. I grant the Sponsor the right to use my name and likeness in connection with the use of the recordings and photographs.
8. **MEDICAL TREATMENT:** I hereby waive releases and forever discharge Sponsor and its representatives from any Claim arising from any first aid treatment, emergency medical

services, or other treatment or service rendered or not rendered by Sponsors or their representatives, as a result of volunteering at the Event.

9. **COVID 19:** I hereby acknowledge the highly contagious nature of the Coronavirus/COVID-19 and that any social gathering with individuals outside of those with whom I reside creates a risk of transmission. I hereby agree to waive all claims of liability on the part of the Sponsors and I understand that Sponsors disclaim any responsibility with respect to myself or my family in terms of the spreading of COVID-19 at this Event. I also agree that I will follow all CDC and PA Dep't of Health recommended guidelines at the Event, and that my failure to do so may result in my dismissal from participating in or attending the Event. I further agree that if I do begin to exhibit any symptoms of COVID-19 as defined by the CDC that are not attributable to other health conditions within 14 days of participating in the Event that I will promptly inform the Sponsors.

I HAVE CAREFULLY READ THE VOLUNTEER AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE EVENT SPONSORS AND I ACCEPT IT OF MY OWN FREE WILL.

Volunteer Print Name

Volunteer Signature

Date