

By signing up as a Volunteer Advocate online, you have already certified that you accept the terms below. These forms are for your reference only and do not need to be returned. Thank you!



LONE SURVIVOR FOUNDATION VOLUNTEER AGREEMENT

In consideration for the opportunity to serve as a Lone Survivor Foundation volunteer, I agree to the following:

- The Lone Survivor Foundation volunteer program is built on the values of the Never Quit attitude, Doing Right, Honor, Integrity, and Community. I accept these values for my association with the Lone Survivor Foundation.
- I agree to adhere to the principles and values of the Standards of Conduct of the Lone Survivor Foundation Volunteer Force and the LSF Policies found in the Volunteer Field Manual that I will be provided.
- Volunteer service with the Lone Survivor Foundation is a privilege, and not a right. I understand that my volunteer service is at the sole discretion of the Lone Survivor Foundation and that the Foundation may elect to discontinue my services at any time without refunding the fees I have paid to cover my volunteer materials.
- I am a highly valued member of the Lone Survivor Foundation team. Status as a volunteer may make me eligible for rewards and recognition for my volunteer service but does not carry status as an employee or paid contractor of Lone Survivor Foundation. I understand that volunteers are not eligible to participate in any employee pension, health, vacation pay, sick pay or other fringe benefit plan of Lone Survivor Foundation.
- My volunteer assignment may, at times, expose me to unique, valuable, proprietary, privileged and/or confidential information. I agree to safeguard and hold this information and not reveal, divulge or make known this information to any other person without express written consent of Lone Survivor Foundation.
- I understand that if my Lone Survivor Foundation Volunteer badge gives me special facility access, it is for Lone Survivor Foundation business only. Using my Lone Survivor Foundation badge to access a facility for activities other than Lone Survivor Foundation business will result in immediate dismissal as a Lone Survivor Foundation volunteer.

I understand this agreement serves as testament to my commitment as a volunteer for the Lone Survivor Foundation.

Name (Printed) _____

Signature _____ Date _____

Phone _____ Email _____

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (“Release”) releases Lone Survivor Foundation (“Nonprofit”), a nonprofit corporation organized and existing under the laws of the State of Texas and each of its directors, officers, employees, and agents as stated below. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a Volunteer

Volunteer understands that the scope of the Volunteer’s relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits normally 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 Volunteer’s service to Nonprofit.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which may arise or hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Nonprofit 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 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 Nonprofit beyond what may be freely offered by Nonprofit in the event of such injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever that 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 Nonprofit.
4. Liability: I will have no authority to commit Nonprofit, Nonprofit staff members, Board of Directors or Advisory Board members to any obligation or undertaking, including but not limited to events, appearances, speaking engagements, endorsements or merchandising unless expressly agreed in writing to the contrary.
5. Assumption of Risk: I understand the services I provide to Nonprofit may include activities that may be hazardous to me, involving the possibility of dangerous activities. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release Nonprofit from all Liability from any injury, illness, death and/or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services.
6. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, video, images, and audio recordings of me, my likeness,

and my voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.

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 Texas and that this Release shall be governed by the and interpreted in accordance with the laws of the State of Texas. I agree that in the event 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.

Name (Printed) _____

Signature _____ Date _____

Phone _____ Email _____

If Volunteer is under the age of 18, a Parent/Legal Guardian must sign below.

Parent/Legal Guardian Name Date

Parent/Legal Guardian Signature