



## **Volunteer Waiver of Liability**

I freely, voluntarily and after reading carefully, execute this Volunteer Waiver of Liability:

I understand that as a volunteer I am not entitled to employee benefits from Wellspring Living such as health or accident insurance, workers compensation benefits, etc. I understand it is my responsibility to provide my own health, disability, liability or accident insurance to cover my claims or claims against me as a volunteer performing my duties as a volunteer.

I understand that as a volunteer, I am protected from liability by the Federal Volunteer Protection Act as long as I am performing my assigned duties or tasks, not acting in a grossly negligent manner, or operating a motor vehicle. Should damages or injuries occur while I am operating a motor vehicle during the course of my volunteer duties, I understand that I accept any and all responsibility for damages to my vehicle, others property as well as injury to myself, passengers in the vehicle with me, or other motorist or passengers involved. I release Wellspring Living from any liability or responsibility for damages to my property or the property of others in the event of an accident involving my vehicle or others. I furthermore release Wellspring Living from any liability or responsibility in the event of injuries to myself, passengers or others involved.

Wellspring Living reserves the right to use any photograph/videography taken on Wellspring Living's property or at any event that we participate in or host.

## **Confidentiality Agreement**

I agree that I will not disclose any information I learn while in contact with the participants of the Wellspring Living program. Such information includes, but is not limited to: participant's names, personal information and/or physical descriptions of participants that could be used to identify them, specific policies and procedures of the Wellspring Living home, participant's location and/or specific location of the Wellspring Living homes or facilities. I understand that to disclose any of the above information to outside parties may result in my being forbidden to return to the Wellspring Living campus(es), or in extreme cases, legal action being taken against me. If while on site or in the community you are ever in a position where you feel you must jeopardize the confidentiality of the Wellspring Living program, please notify a staff member immediately. Such situations include your safety, participant or staff member's safety, reports of current child or elder abuse.

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Print Name

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Signature

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Date