



dsamt

Volunteer Waiver

In consideration for being a volunteer for DSAMT you, the undersigned, agree to release, waive, discharge and covenant not to sue the Down Syndrome Association of Middle Tennessee and their employees, and volunteers, from any and all liability for any and all loss or damage, and any and all claims or demands on account of injury to the person or property or resulting in death of the undersigned or issue of the undersigned arising or related to the event, whether caused by the negligence of releases or otherwise. As a volunteer with DSAMT, I agree to be photographed and/or videotaped by a Down Syndrome Association of Middle Tennessee representative or media for use in publicizing the above mentioned program in print or electronic media. I acknowledge and agree that my participation in photographs and videos may be edited and used in whole or in part as desired for this program, which may be produced, duplicated, distributed and used for informational purposes. I understand that photographs and video become the property of your organization without compensation to me. I understand and authorize the use in writing or otherwise the name or identity of the above participant.

Volunteer Name: _____

Volunteer Signature: _____

Parent Name (if volunteer under 18): _____

Parent Signature (if volunteer under 18): _____

Date: _____

Please return to Tanya@somethingextra.org