



# Volunteer Waiver & Release of Liability

## Super Hero's Palace

I understand that I am volunteering my time and services with Super Hero's Palace, a nonprofit organization dedicated to supporting homeless adults and veterans through outreach services, essential resources, life-skills training, and community programs.

I acknowledge that my participation is voluntary and that I am not an employee, agent, or contractor of Super Hero's Palace.

### **ASSUMPTION OF RISK:**

I understand that volunteer activities may include physical activity, interaction with homeless adults and veterans, community outreach, travel to various locations, and other activities that may carry inherent risks. I voluntarily assume all risks associated with my participation.

### **RELEASE OF LIABILITY:**

I hereby release, waive, and hold harmless Super Hero's Palace, its officers, directors, employees, volunteers, partners, and affiliates from any claims or liabilities arising from my participation, except in cases of gross negligence or willful misconduct.

### **MEDICAL AUTHORIZATION:**

I authorize Super Hero's Palace to obtain emergency medical treatment for me if needed during volunteer activities. I understand I am responsible for any medical expenses.

### **MEDIA RELEASE:**

I grant permission for photographs or video recordings taken during volunteer activities to be used for promotional, educational, or informational purposes without compensation.

### **BACKGROUND CHECK :**

I understand that Super Hero's Palace reserves the right to conduct a criminal background check for volunteer placement. I hereby give my consent for such a check to be conducted if required and understand that participation may be contingent upon the results.

Volunteer Full Name:

Phone Number:

Email Address:

Signature:

Date:

Parent/Guardian Name (if volunteer is under 16)

Parent/Guardian Signature: