

## VOLUNTEER AGREEMENT & RELEASE FROM LIABILITY

I agree to volunteer my time and services to work for Keep America Beautiful and the KAB Affiliate Network. As a volunteer:

1. I control the dates and times when I work with KAB or a KAB Affiliate and they are not responsible for scheduling my volunteer work. I understand I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon termination of this agreement or as a result of my volunteer service.
2. I am aware that certain volunteer activities have different levels of physical requirements, i.e. standing, lifting and carrying up to 40 pounds. I will volunteer only for activities matching my abilities and will exercise reasonable care to avoid injury. I acknowledge I am voluntarily agreeing to participate in activities with knowledge of the hazards and potential dangers involved and agree to accept any and all risks of personal injury and property damage. It is my responsibility to withdraw from any activities if I find I am unable to perform them safely.
3. I will not in any manner discriminate against any person on account of citizenship, life experiences and abilities, learning and working style, personality type, race, socio-economic status, class, gender, sexual orientation, education, country of origin, or cultural, political, religious affiliation.
4. I agree to report any change in my health status as it relates to the CDC published COVID-19 symptoms (cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste/smell) for a period of 14 days before and after my volunteer event. It is understood and I grant permission to the event organizer to make a reasonable effort to notify others I may have come into contact while volunteering so they can self-isolate themselves and monitor their own health status. It is understood that event organizers will NOT disclose my personal identity or reported health information.
5. I agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue Keep America Beautiful or its employees, board members, Affiliates, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its employees, board members, Affiliates, agents or contractors of Keep America Beautiful as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE KEEP AMERICA BEAUTIFUL AND AFFILIATES OF KEEP AMERICA BEAUTIFUL INCLUDING THEIR OFFICERS, BOARD MEMBERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FROM PROPERTY DAMAGE, BODILY INJURY, AND/OR DEATH RESULTING FROM MY VOLUNTEERING.
6. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF VOLUNTEERING, I AM NOT COVERED BY THE WORKERS' COMPENSATION PROGRAM OF KEEP AMERICA BEAUTIFUL AND AFFILIATES OF KEEP AMERICA BEAUTIFUL. I authorize Keep America Beautiful and Affiliates of Keep America Beautiful to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
7. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

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Date

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Volunteer/Participant Signature/Parent or Guardian if under 18

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Printed Name/Name of Parent or Guardian if under 18

If Volunteer/Participant is under 18 years of age, parent or guardian must read and also sign:

This release, its significance, and assumption of risk have been explained to and are understood by the minor and myself as attested to and co-signed above.