



CircumSTANCE INC (501c3)
Awareness. Advocacy. Action.
www.abovecircumstances.org
E: circumstance.inc@gmail.com

Advocate & Volunteer

Waiver and Release Form

Volunteer Name: _____

Check here if Volunteer is under age 18

Contact E-mail (required): _____

Parent or Legal Guardian Email (required if Volunteer is under age 18): _____

Address: _____

Phone: _____

Emergency Contact

Name: _____

Relationship to Participant: _____

Phone Number: _____

As a CircumSTANCE Advocate/Volunteer we request you to like, follow, and share from our Social Media Pages. All posts relating to CircumSTANCE must be approved and must follow our social media guidelines and nonprofit fundraising guidelines.

***VOLUNTEERS MUST COMPLETE THE**

WAIVER AND RELEASE FORM

***PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED**

IF VOLUNTEER IS UNDER AGE 18

CircumSTANCE INC (501c3)

Phone Number: 760-900-2922

Facebook: [@circumstance.fb](https://www.facebook.com/circumstance.fb)

Instagram: [@circumstance.inc](https://www.instagram.com/circumstance.inc)

CircumSTANCE INC: "Taking a STANCE, Rising above the CircumSTANCE!"



Invisible and Chronic Illnesses



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WAIVER AND RELEASE FORM - RELEASE OF LIABILITY

In return for being allowed to participate in CircumSTANCE Advocacy and Volunteer activities and all related activities, including any activities incidental to such participation (“Advocacy and Volunteer Activities”), the undersigned Volunteer or Parent/Legal Guardian of Volunteer *if Volunteer is under age 18 (hereafter referred to using “I”, “me”, or “my”) releases and agrees not to sue the CircumSTANCE organization or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates (“the nonprofit organization”) from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, financial damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur. I understand and agree that the CircumSTANCE Organization is/are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise. I understand that participation in the Volunteer and Advocacy Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Advocacy and Volunteer Activities with knowledge of the risk involved and I agree to accept all risks of participation. I also agree to indemnify and hold harmless the organization for all claims arising out of my participation in the Advocacy and Volunteer Activities. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I also acknowledge that the CircumSTANCE Organization have not arranged and do not carry any insurance of any kind for my benefit or that of an Advocate or Volunteer (*if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors, and assigns. I also understand that this document is a contract which grants certain rights to and eliminates the liability of the CircumSTANCE Organization.

(Signature of Volunteer)

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

(Signature of Parent/Legal Guardian if Volunteer is Under 18)

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

CircumSTANCE INC: *“Taking a STANCE, Rising above the CircumSTANCE!”*

♥ **Multisystem Inflammatory Syndrome** ♥
 Invisible and Chronic Illnesses