**Ji4Life Volunteer Waiver and Release of Liability**

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledgment of Risk

By signing below, I acknowledge that my role as a volunteer for Ji4Life involves participating in activities that carry inherent risks. These activities may include, but are not limited to, assisting athletes with physical tasks, handling equipment, and participating in events such as obstacle courses and races. I understand these risks may result in physical injuries, accidents, or property damage, and I voluntarily assume all such risks.

Assumption of Responsibility

I accept full responsibility for my actions while volunteering with Ji4Life. I agree to hold Ji4Life, its staff, participants, sponsors, and affiliated organizations harmless from any liability, claims, or damages arising from my volunteer activities, except in cases of gross negligence or willful misconduct.

Medical Information and Consent

I confirm that I am in good health and capable of performing the tasks required of a volunteer. I have disclosed any relevant medical conditions that may affect my ability to volunteer. In the event of an emergency, I authorize Ji4Life to seek medical assistance on my behalf, understanding that I am responsible for any associated costs.

Photo/Media Release

I grant Ji4Life permission to use photos, videos, or media of me taken during activities for promotional, educational, or fundraising purposes. I understand I may revoke this consent in writing at any time.

Code of Conduct

I agree to adhere to Ji4Life’s rules and policies, conduct myself in a respectful and professional manner, and prioritize the safety and well-being of the athletes at all times. I understand that inappropriate behavior or failure to follow instructions may result in the termination of my volunteer role.

Training and Supervision

I acknowledge that I will receive appropriate training and guidance for my role. I agree to seek clarification from Ji4Life staff if I am unsure about any task or responsibility assigned to me.

Release of Liability

I, for myself, my heirs, assigns, and personal representatives, fully release and discharge Ji4Life, its staff, athletes, and affiliates from any and all claims, liabilities, or causes of action arising out of my volunteer activities.

Acknowledgment and Agreement

By signing below, I acknowledge that I have read and understand this waiver and release of liability. I am fully aware of the risks involved in volunteering with Ji4Life. I voluntarily agree to its terms, which will remain in effect for all Ji4Life activities during the 2025 calendar year, unless I provide written notice of withdrawal.

Signature (Volunteer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_