

## AGREEMENT OF VOLUNTEER ROLE

1. I agree to work for TACA as a volunteer in TACA Programs beginning on the date signed below.
2. As a volunteer, I understand that I control the dates and times when I do the work and that TACA is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participation as a volunteer may require periods of walking, standing, lifting, and carrying up to 20 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for TACA, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue TACA or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of TACA as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE TACA AND ITS OFFICERS, 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, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY TACA'S WORKERS' COMPENSATION PROGRAM. I authorize TACA 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.
6. I understand that the materials and tools provided by TACA, including but not limited to TACA email or online social media access/passwords, are and remain the property of TACA, and I agree to return these tools and any remaining materials to TACA at the end of my volunteer service.
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.

**I agree that I meet the above statements and understand the responsibilities as a [redacted] described in the Volunteer Position Description dated [redacted] provided to me for one year from the date signed below.**

\_\_\_\_\_  
Volunteer Signature/Date

\_\_\_\_\_  
TACA Programs Representative Signature/Date

\_\_\_\_\_  
Volunteer Printed Name

\_\_\_\_\_  
TACA Programs Representative Printed Name

