



Volunteer Agreement & Waiver

I wish to work as a volunteer for the Parkinson's Foundation. I understand these and other volunteer activities may involve risks such as, but not limited to, falls, exposure to inclement weather, being struck by cars or other vehicles or bicycles, or colliding with other persons, any of which may result in property loss, personal injury, or even death. I understand the inherent risks of volunteer activities, and in consideration of being allowed to volunteer, I hereby expressly assume all such risks and consent to participate in Parkinson's Foundation volunteer activities and all related activities, on behalf of myself.

I am solely responsible for my own health and safety. I represent that I am healthy, physically fit, and medically able to participate as a volunteer.

I hereby for myself, my family, my heirs, executors and administrators, release from liability, waive all claims against, hold harmless, and agree not to sue the Parkinson's Foundation, its chapters, their respective officers, directors, volunteers, employees, sponsors and agents, individually and collectively, for any harm, damage, injury, or death arising out of my participation as a volunteer and related activities EVEN IF RESULTING FROM THE NEGLIGENCE OF THE PARKINSON'S FOUNDATION OR OTHER ABOVE PERSONS.

I will only perform such volunteer activities as I am qualified and able to perform. I understand that I may decline any volunteer role or position at any time if I feel I am unqualified or there is a risk to health or safety, or for any other reason.

I agree to become familiar with any rules, regulations, and guidelines of the Parkinson's Foundation regarding a volunteer activity and not to violate the same or violate or fail to follow any directive or instruction made by the person or persons in charge of a volunteer activity.

I grant full permission to the Parkinson's Foundation to photograph and videotape me in connection with volunteering and to use my image and name in any and all media, including for marketing and promotional purposes.

I understand that representatives of the Parkinson's Foundation may disclose to me certain nonpublic information concerning ongoing and future activities of the Parkinson's Foundation, including business, constituent data, strategic and financial plans and initiatives (collectively, "Confidential Information"), that the Parkinson's Foundation wishes to remain confidential.

The Confidential Information is confidential and proprietary to the Parkinson's Foundation, and I understand and agree that its unauthorized disclosure would be harmful to the interests of the Parkinson's Foundation.

I will therefore not disclose, share, or transfer the Confidential Information to any business or person who is not a staff of the Parkinson's Foundation and will use reasonable measures to safeguard the Confidential Information from inadvertent disclosure or unauthorized access.

Upon the request of the Parkinson's Foundation, I will return to the Parkinson's Foundation all Confidential Information I may have received, or confirm the destruction of the Confidential Information (or data erasure of all computerized data and records) containing the Confidential Information).

I agree that this Volunteer Agreement and Waiver is effective immediately, will remain effective forever, and applies to all volunteer activities in which I may participate for the Parkinson's Foundation.

If any term of this Volunteer Agreement and Waiver is held illegal, unenforceable, or in conflict with law, the validity of the remaining portions shall not be affected thereby.

By my signature I declare that I have read, understand and agree with all terms of the Parkinson's Foundation Volunteer Agreement and Waiver and will strive to fulfill all terms therein.

Signature

Printed Name

Date

If volunteer is under the age of 18, the parent or guardian must agree to the below:

I am the legal guardian of Volunteer, and I hereby consent to his/her participation. I have read the foregoing Volunteer Waiver, and I hereby agree on behalf of myself and Volunteer to its terms.

Signature

Printed Name

Date