IMUA FAMILY SERVICES VOLUNTEER ACKNOWLEDGEMENT, CONSENT, ASSUMPTION OF RISK, RELEASE OF LIABILITY, INDEMNIFICATION & HOLD HARMLESS AGREEMENT

Participant Name: _____Age (if under 18): _____

I understand that **Imua Family Services**, a Hawai'i nonprofit 501(c)(3) organization ("Imua"), relies on volunteers to support its programs, services, events, and activities, including those involving minors. I desire to volunteer my services in furtherance of Imua's mission.

I acknowledge that I am volunteering without compensation of any kind and that I am not an employee of Imua Family Services. I am not entitled to wages, benefits, insurance, or workers' compensation. I understand that this volunteer relationship may be terminated at any time by either party, with or without cause.

This Agreement applies to all Imua Family Services programs, events, camps, partner facilities, affiliated locations and activities, transportation to and from activities, and any location where I volunteer on behalf of Imua whether on or off Imua premises.

Volunteer Representations & Conduct

1. I certify that the information I have provided to Imua Family Services is true and complete. Any false or misleading information may result in disqualification or dismissal.
2. I understand the essential duties of volunteering, including working with or around minors, and affirm that I am able to perform those duties with or without reasonable accommodation.
3. I agree to comply with all Imua Family Services policies, procedures, safety rules, ethics standards, and directions, including a Zero Tolerance Policy for violence, threats, harassment, bullying, or inappropriate conduct.
4. I agree not to use, possess, or be under the influence of illegal drugs, alcohol, or firearms while volunteering.
5. I certify that I have never been convicted of child abuse or a crime involving actual or attempted sexual abuse of a child or adult. I authorize Imua Family Services to verify this statement and to conduct background and reference checks as permitted by law. I understand that any volunteer placement may be contingent upon satisfactory results.

Confidentiality

6. I agree to maintain strict confidentiality regarding all non-public information obtained through my volunteer service, including information relating to participants, families, donors, staff, operations, or finances.

Assumption of Risk & Medical Consent

7. I understand that volunteering involves inherent risks, including but not limited to physical activity, lifting, outdoor or natural environments, transportation, interaction with children and adults, use of tools or equipment, and participation in program or event activities.

I freely and voluntarily assume such risks, known and unknown, foreseeable and unforeseeable, associated with my volunteer participation, including the risk of injury, illness, death, or property damage.

8. I certify that I am in good physical and mental condition to volunteer and accept sole responsibility for my health and participation.
9. In the event of accident or injury, I authorize Imua Family Services staff or volunteers to administer first aid and/or obtain emergency medical care for me. I understand that Imua is not obligated to provide medical care and that I am solely responsible for all related costs.

Release, Waiver, Indemnification & Hold Harmless

10. To the fullest extent permitted by law, I hereby release, waive, discharge, and covenant not to sue Imua Family Services or its directors, officers, employees, agents, volunteers, affiliates, partners, clients, and representatives from any and all claims, demands, actions, or causes of action arising out of or related to my volunteer participation, including travel to and from Imua-related activities, even if caused by negligence, whether active or passive.
11. I agree to indemnify, defend, and hold harmless Imua Family Services and all associated parties from any and all claims, liabilities, damages, costs, or expenses (including attorneys' fees) arising directly or indirectly from my participation as a volunteer.

This release and indemnification applies to me and my heirs, next of kin, family members, guardians, assigns, and legal representatives and is intended to be as broad and inclusive as permitted by law.

Media Release

12. I grant Imua Family Services permission to photograph, video record, or otherwise capture my likeness while volunteering and to use such media for educational, promotional, fundraising, or informational purposes without compensation or further approval.

General Provisions

13. This Agreement is binding for the duration of my volunteer service. If any provision is found unenforceable, the remaining provisions shall remain in full force and effect.
14. This Agreement shall be governed by and construed in accordance with the laws of the State of Hawai`i.

I affirm that I have read and understand this Agreement and voluntarily agree to its terms.

Participant Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____

Parent/Legal Guardian Signature: _____ **Date:** _____
(if participant is under 18)

Printed Name: _____ **Phone:** _____