



이탈리아 한인회

THE KOREAN AMERICAN ASSOCIATION OF GREATER ATLANTA

5900 Brook Hollow Parkway, Norcross, GA 30071

Phone: (770) 813-8988 / Fax: (770) 814-8779

www.atlaka.org e-mail: atlantaka@gmail.com

Volunteer Waiver and Release Form

Name: _____

Check here if volunteer is under age 18 ____

Address: _____

Phone #: _____

Contact Email(required): _____

Parent or Legal Guardian Email(required if volunteer is under 18):

Emergency Contact:

Name: _____

Phone #: _____

Relationship to volunteer : _____

**VOLUNTEERS MUST COMPLETE THE
WAIVER AND RELEASE FORM**

**PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED
IF VOLUNTEER IS UNDER 18**



이태리안인회

THE KOREAN AMERICAN ASSOCIATION OF GREATER ATLANTA

5900 Brook Hollow Parkway, Norcross, GA 30071

Phone: (770) 813-8988 / Fax: (770) 814-8779

www.atlaka.org e-mail: atlantaka@gmail.com

2018 Korean Festival The Korean American Association of Greater Atlanta

Please completed the form with signatures and email it to:

Michelle Kang, the Vice President of Domestic Cooperation of KAAGA
at Michellekang2018@gmail.com or fax: 770-814-8779

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the “release”) executed on _____ (date) by _____ (“Volunteer”) releases Korean American Association of Greater Atlanta (“KAAGA”), a Nonprofit corporation organized and existing under the laws of the State of Georgia and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for KAAGA and engage in activities related to serving as a volunteer. Volunteer understands that the scope of Volunteer’s relationship with KAAGA is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that KAAGA will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to KAAGA.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless KAAGA and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to KAAGA. I understand and acknowledge that this Release discharges KAAGA from any liability or claim that I may have against KAAGA

with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to KAAGA or occurring while I am providing volunteer services.

2. Insurance: Further I understand that KAAGA does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of KAAGA beyond what may be offered freely by KAAGA in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge KAAGA from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with KAAGA.
4. Assumption of Risk: I understand that the services I provide to KAAGA may include activities that may be hazardous to me involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release KAAGA from all liability.
5. Photographic Release: I grant and convey to KAAGA all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by KAAGA in connection with my providing volunteer services to KAAGA.
6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature (Or parent/guardian if under 18), Date



이틀랜타 한인회

THE KOREAN AMERICAN ASSOCIATION OF GREATER ATLANTA

5900 Brook Hollow Parkway, Norcross, GA 30071

Phone: (770) 813-8988 / Fax: (770) 814-8779

www.atlaka.org e-mail: atlantaka@gmail.com

I verify that all information submitted in this log is accurate.

Total hours: _____

Student Signature _____ Date _____

I certify that the above-named student completed _____ volunteer hours with the Korean American Association of Greater Atlanta.

Officer Signature _____ Date _____