



Community Alliance
FOR THE HOMELESS

CAFTH Volunteer Waiver

Print Volunteer's Name: _____

Check here if Volunteer is under age 18 _____

Contact Email: _____

Parent or Legal Guardian Email (required if Volunteer is under age 18): _____

Address: _____

Phone: _____

Emergency Contact Information

Name: _____

Relationship to Participant: _____

Phone: _____

I, the volunteer named above, hereby give my consent to participate in all Community Alliance for the Homeless (CAFTH) activities. I understand that the scope of the Volunteer relationship with CAFTH is limited to a volunteer position. No compensation is expected in return for services provided by a Volunteer, and that CAFTH will not provide any benefits traditionally associated with employment.

I understand that the services provided by me to CAFTH may include activities associated with minimal risk, and I hereby expressly assume the liability of any risk related to services provided by me. I understand that CAFTH does not assume any responsibility for or obligation to provide the Volunteer with financial or other assistance.

I grant to CAFTH all rights, titles, and interests in any photographs, images, video, or audio recording of the Volunteer in connection with participating in CAFTH events.

I understand that this document is intended to be as broad and inclusive by the laws of the state of Tennessee and agree that if any portion of the Agreement is invalid, the remainder will continue in full legal force and effect.

By signing below, I, the Volunteer named above, express my understanding and intent to enter this release and waiver of liability knowingly and voluntarily.

Signature of Volunteer: _____ Date: _____
I am of legal age and am freely signing this Agreement.

Signature of Parent/Legal Guardian (if Volunteer is Under 18): _____

Date: _____
I am the parent or legal guardian of the Volunteer and am freely signing this Agreement.

April 2023