



**Volunteer Release and Waiver of Liability**

**Please read carefully.** Thank you for signing up as a new MEDIC volunteer. We greatly appreciate your assistance and commitment to fulfilling MEDIC's mission. Each volunteer must read and complete the following liability waiver.

This Volunteer Release and Waiver of Liability (the "Release") is executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (the "Volunteer") in favor of MEDIC, Inc. d/b/a MEDIC Regional Blood Center, a Tennessee non-profit corporation, its directors, officers, employees, and agents (hereinafter collectively, "MEDIC").

The Volunteer desires to work as a volunteer for MEDIC and to engage in the activities related to being a volunteer at MEDIC ("Activities"). The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver:** Volunteer does hereby release and forever discharge and hold harmless MEDIC and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with MEDIC. Volunteer understands that this Release discharges MEDIC from any liability or claim that the Volunteer may otherwise have against MEDIC with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities with MEDIC, whether caused by the negligence of MEDIC or its officers, directors, employees, or agents or otherwise. Volunteer also understands that MEDIC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**Medical Treatment:** Volunteer does hereby release and forever discharge MEDIC from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with MEDIC.

**Assumption of the Risk:** Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases MEDIC from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance:** The Volunteer understands that MEDIC does not carry or maintain health, medical, or disability insurance for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

**Photographic Release:** Volunteer does hereby grant and convey unto MEDIC all rights, title, and interest in any and all photographic images and video or audio recordings made by MEDIC during the Volunteer's Activities with MEDIC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**Other:** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee and that this Release shall be governed by and interpreted in accordance with the laws of the State of Tennessee. Volunteer agrees that if any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

**Note:** If you are going to be operating your personal car as a "Volunteer Driver" for MEDIC, you must review and sign the Volunteer Driver Release Addendum.

**I HAVE READ THIS ENTIRE DOCUMENT, AGREE WITH ITS TERMS AND HEREBY FREELY EXECUTE THIS RELEASE. IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and the year first written above:**

Signature of Volunteer: \_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_

MEDIC Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**VOLUNTEER CONFIDENTIALITY AND ETHICS AGREEMENT**

Donors and patients have a right to expect that their private donor screening and medical information will be kept confidential. Disclosure of an individual's personal health information has the potential to cause harm to the individual or groups of people.

Donor history information, donor record information and/or donor or patient test results are **not** to be discussed, copied, or offered, in any manner, to other persons, agencies, or other parties.

Volunteers are expected to exercise good judgment in the choices they make. Whether on or off duty, volunteers are to refrain from discussing confidential information about anything having to do with their relationship with MEDIC, its donors, employees, vendors, client hospitals, or hospital patients.

MEDIC Volunteers hold themselves to higher standards, take pride in the work they do and the difference they make.

I certify that I have read and understand this agreement, and to fully abide by it. I also understand that the failure to do so may result in the termination of my volunteerism at MEDIC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
MEDIC Staff Signature

\_\_\_\_\_  
Parent Signature (If Under 18)

\_\_\_\_\_  
Date



**VOLUNTEER DRIVER RELEASE ADDENDUM**

In addition to the foregoing, as a "Volunteer Driver" for MEDIC, I agree to use my personal car for pickup and delivery of units of blood and for such other driving as MEDIC may direct. For such driving, I agree to reimbursement at the current rate as set by the IRS in service of charitable organizations but do not claim any right to compensation or payment of any other kind for my serving as a volunteer driver for MEDIC and release any further claim to such as against MEDIC.

Furthermore, I do hereby authorize and consent to allow MEDIC or its designee to obtain a driving, motor vehicle and criminal background check on me. I do certify that I have a current, unrestricted driver's license and insurance coverage as required by MEDIC Policy, and will present proof of such as required by said policy and agree to be bound by the other terms and conditions of the policy, as set forth below:

**PERSONAL CAR USE**

The company does not assume any liability for bodily injuries or property damage and therefore the volunteer may become personally obligated to pay expenses arising out of an accident occurring in connection with operation of his/her own car. Drivers must provide proof of insurance coverage and will be required to carry a minimum of \$100,000/\$300,000 liability limit coverage with no exclusion for business use.

**I HAVE READ THIS ENTIRE DOCUMENT, AGREE WITH ITS TERMS AND HEREBY FREELY EXECUTE THIS RELEASE.**

**IN WITNESS WHEREOF, Volunteer has executed this Release:**

Signature of Volunteer: \_\_\_\_\_

Witness \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_