



**Volunteer Release and Waiver of Liability - Adults (18 and over)**

I, the undersigned VOLUNTEER, freely, voluntarily, and after reading carefully, execute this Volunteer Release and Waiver of Liability, on the date printed below, agreeing as follows:

Volunteer Status/Insurance

I understand and acknowledge that I am a volunteer, not an employee, of Open Table of Nashville, Inc.(OTN). As a volunteer, I am not entitled to employee or other benefits from OTN such as health or accident insurance, workers compensation benefits, or compensation for duties performed or hours worked. I understand it is my responsibility to provide my own health, disability, liability or accident insurance to cover my claims or damages from any injury, illness, death or property damage I suffer while performing volunteer work for OTN.

Assumption of Risk/Release

As a volunteer for OTN, I understand that I may engage in work that involves a risk of illness, physical injury, property damage, or death. I hereby assume all risks associated with performance of these activities and release and forever discharge OTN from any and all liability for claims or damages I might have that result from my work with OTN as a volunteer, and any related claims or damages arising from OTN’s selection of activities, provision of equipment, or provision of food, lodging or transportation in connection with my volunteer duties. I understand that OTN is not responsible for the safety or security of my personal effects and release OTN from liability for theft, damage or destruction of my personal property.

Community Photographs and Video

I acknowledge and agree that, while volunteering with OTN, my activities may be photographed or videotaped. I hereby consent to the use by OTN and/or its authorized representative of photographs or videos in which I appear, and I acknowledge and agree that I have no ownership rights in or to those photographs or videos. I hereby release OTN, its agents and assigns from any claims that I may have relating to any photographs or videos, including without limitation, and claim arising under the right of publicity, right or privacy, defamation and/or copyright infringement.

Emergency Medical Care

I hereby consent to the provision or procurement by OTN of emergency medical care or first aid in the event I suffer any illness or accident while performing volunteer activities. I hereby release, discharge and hold OTN harmless from any claim related to the provision of such emergency medical care.

Code of Conduct

Teams and individuals should represent peace, love and justice in their attitudes, behavior, speech, dress and demonstrate kindness toward one another and those being served. While representing OTN, we ask that you refrain from alcohol and drugs. They are not permitted at OTN housing sites or OTN’s vehicles. When wearing OTN clothing please use discretion in all activities and present a strong witness. Weapons of any kind are NEVER permitted onsite or in vehicles while volunteering with OTN. Volunteers should dress modestly as well as appropriately for the tasks they are performing. Clothing should not be unduly tight or revealing. Examples of unacceptable clothing include: halter tops, bare midriff separates, short shorts, etc.

**OPEN TABLE NASHVILLE, Inc.  
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THIS FORM MUST BE COMPLETED IN ITS ENTIRETY PRIOR TO A VOLUNTEER PERFORMING ANY VOLUNTEER ACTIVITIES FOR OPEN TABLE NASHVILLE, INC.

VOLUNTEER:

\_\_\_\_\_  
Print name \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature \_\_\_\_\_  
Phone

\_\_\_\_\_  
Address Street City State Zip

\_\_\_\_\_  
Email address

Person to contact in the event of an emergency: \_\_\_\_\_  
Print Name Phone