



Project LINK, Inc. (Back-2-School Health Clinics) Volunteer Waiver, Release of Liability, and Disclaimer.

Thank you for volunteering with Project LINK and the Back to School Coalition of Hillsborough County. Your participation helps ensure children in our community receive essential healthcare services. Before volunteering, please read and sign the following waiver and release of liability.

1. Volunteer Role and Acknowledgment

I acknowledge that I am voluntarily participating as a volunteer for Project LINK's Back-2-School Health Clinics. I understand that volunteer duties may include, but are not limited to, assisting with patient registration, site logistics, event setup and breakdown, translation services, crowd flow support, and, if applicable, clinical services (licensed medical volunteers only).

I confirm that I have been given appropriate information about the duties, safety expectations, and behavior guidelines related to my assigned role.

2. Health and Wellness

I confirm that I am in good health and do not have any communicable illnesses that would put others at risk. I agree to complete any required wellness verification screening upon arrival at the event. I understand that I must notify Project LINK immediately if I am not feeling well or become symptomatic prior to or during my volunteer shift.

3. Assumption of Risk

I understand that volunteering at a public health clinic may involve potential risks, including but not limited to: exposure to illness, injury, accidents, or incidents that may arise from interacting with the public, physical activity, or environmental conditions. I assume full responsibility for any risk of bodily injury, illness, property damage, or death arising from my participation as a volunteer.

4. Release of Liability

I hereby release, waive, and discharge Project LINK, the Back to School Coalition of Hillsborough County, its officers, directors, employees, agents, volunteers, partner organizations, funders, and sponsors from any and all liability, claims, demands, or causes of action for personal injury, illness, property damage, or death that may arise from or relate to my participation in the Back-2-School Health Clinics.

5. Medical Treatment

In the event of injury or illness, I authorize Project LINK staff or its representatives to provide first aid or seek emergency medical treatment as deemed necessary. I understand that I am responsible for any costs incurred as a result of such treatment.

6. Background Screening

I understand that Project LINK may conduct a background check, including a sexual offender/predator database screening, to ensure the safety of children and families. I consent to this background check and understand that failure to pass may result in disqualification from volunteering.

7. Confidentiality

I agree to maintain the privacy and confidentiality of all client information, including but not limited to medical records, conversations, and personal data, in accordance with HIPAA guidelines and Project LINK's confidentiality policies.

8. Photo/Media Release

I grant permission to Project LINK to use photographs, video, or recordings taken of me during the clinics for promotional, marketing, or public relations purposes without compensation or further approval.

9. Minors as Volunteers

(If under the age of 18, a parent or legal guardian must sign the application.)

I certify that I am at least 18 years old. If I am under 18, I acknowledge my parent or legal guardian must review and sign the volunteer application to authorize my participation.

10. Acknowledgment and Signature

I certify that I have read this waiver in its entirety, understand its terms, and agree to all conditions as a volunteer with Project LINK. I understand that I am giving up substantial rights, including the right to sue, and I sign this waiver freely and voluntarily.