

Volunteer Agreement and Release From Liability

Update on Jan 21, 2022

1. I, _____ [Name], _____ [DOB], agree to work for Quantum Photonics Club Corp hereinafter referred to as "QP". as a volunteer beginning on _____ [Date] and ending on _____ [Date]. I agree to volunteer for _____ hours on _____ [Mon, Tues, Wed, Thurs, Fri, Sat, Sun] as _____ [Title].
2. It is mutually and expressly understood that volunteer services shall be donated, and that said I understand I will not entitled to nor expects any present or future salary, wages, or other benefits upon the termination of this agreement or as a result of this service.
3. I agree to follow the supervision and direction of any personnel, employee, or volunteer, to whom volunteer has been assigned to perform services, and to participate in any training, meeting required by QP in order to perform the voluntary services.
4. I agree to follow QP policies, guidelines, procedures and rules to fulfill my role and act in a way that is in line with the mission of Quantum Photonics Club Corp.
5. I am aware that participation as a volunteer does not require any periods of physical work. I am voluntarily participating in this activity with knowledge of no hazards and no potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
6. As consideration for volunteering for QP, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue QP or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of QP as a result of my volunteering. I hereby release and discharge QP and its officers, employees, agents, and contractors from all actions, claims, or demands that I, my heirs, guardians, and legal representatives now have, or may have in the future, for injury or damage resulting from my performing the voluntary services.
7. I further understands if I am injured while performing the voluntary services, I am not covered by QP. I authorize QP to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
8. I understand that the materials and tools provided by QP are and remain the property of QP, and I agree to return these tools and any remaining materials to QP at the end of my volunteer service.
9. I further agrees that I will fully cooperate with QP and its agents in any investigation, lawsuit, arbitration, or any other legal or quasi- legal proceedings that arise from the matters covered by this agreement. I further agree to notify QP immediately of any incident that occurs or may occur within my knowledge.
10. I understand that my volunteer assignment may be terminated at any time by either party to this agreement.

11. IN CASE OF EMERGENCY, please contact _____ [emergency contact name], phone number including country code _____.

12. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability, and sign it of my own free will.

Date

Volunteer Signature

Printed Name

Date

Quantum Photonics Club Corp. Representative Signature

Printed Name

If volunteer is under 18 years of age, parent or guardian must read and sign the following:

This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Date

Parent or Guardian Signature

Printed Name

Quantum Photonics Club