



Office and Warehouse  
532 Patterson Avenue, Suite 130  
Mooresville, NC 28115

## VOLUNTEER WAIVER & RELEASE

In return for being allowed to participate in The Kindness Closet, Inc. (also known as Mooresville Kindness Closet and hereafter referred to as "Mooresville Kindness Closet") volunteer activities ("Volunteer Activities"), the undersigned **Volunteer or Parent/Legal Guardian** of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue Mooresville Kindness Closet or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates ("the organization") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved, and I agree to accept all risks of participation. I attest that I am physically able to perform the tasks I undertake as a volunteer for Mooresville Kindness Closet, including any lifting and driving.

I agree to indemnify and hold harmless the organization from any and all liability or claims which arise as a result of my participation in the Volunteer Activities, including, but not limited to, claims arising out of negligence or injury to person or property. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

\_\_\_\_\_  
**Signature of Volunteer**

\_\_\_\_\_  
**Date**

Volunteer Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

\_\_\_\_\_  
**Signature of Parent/Legal Guardian if Volunteer is Under 18**

\_\_\_\_\_  
**Date**

Parent/Legal Guardian Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## **PUBLICITY RELEASE**

In return for being allowed to participate in The Kindness Closet, Inc. volunteer activities and all related activities, including any activities incidental to such participation (“Volunteer Activities”), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using “I”, “me”, or “my”) hereby grants to The Kindness Closet, Inc., and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities’ officers, directors, agents, employees, respective successors and assigns (collectively, “Authorized Parties”), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Volunteer’s name, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation. I further agree that anything derived therefrom will be owned solely by the Authorized Parties.

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

I am of legal age and am freely signing this release.

\_\_\_\_\_  
**Signature of Volunteer**

\_\_\_\_\_  
**Date**

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this release.

\_\_\_\_\_  
**Signature of Parent/Legal Guardian if Volunteer is Under 18**

\_\_\_\_\_  
**Date**

### **VOLUNTEERS MUST COMPLETE THE WAIVER AND RELEASE FORM**

#### **PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED IF VOLUNTEER IS UNDER AGE 18**

The Kindness Closet, Inc. P.O. Box 4896 Mooresville, NC 28117

532 Patterson Avenue, Suite 130, Mooresville, NC 28115

Volunteer@thekindnesscloset.org