

**MAE ORGANIZATION INC  
VOLUNTEER FORM AND WAIVER and RELEASE OF LIABILITY**

**Section I**

Full Name:			
Address:			
Email:		DOB (MM/DD):	
Cell Phone		Work Phone:	

**Section II**

Please Select:	Return MAE Volunteer <input type="checkbox"/> New Volunteer <input type="checkbox"/>
Previous volunteer experience:	
Occupation (past if retired):	
Other interests or areas of expertise:	
What Languages Do you speak?	

**Section III**

Availability – please select all that are applicable

Tue evenings       Fri evenings       Sun afternoon  
 Mornings           Afternoons         Evenings  
 One time only       Once a week        Twice a week  
 Other, please specify

**For Office Use Only**

Date Started Volunteering:

Date End Volunteering:

List Assigned Volunteer Activities:

**Section IV**

Please select volunteer activities you may be interested in. We will determine volunteer assignment.

Cooking and Serving  
 W. Warwick    Providence    Pawtucket    Woonsocket  
 Making Sandwiches  
 W. Warwick    Providence    Pawtucket    Woonsocket  
 Distributing clothing to food service sites  
 W. Warwick    Providence    Pawtucket    Woonsocket  
 Sorting and Packing Clothing – Cranston  
 Fundraising: Coordinate Events, Contact donors and/or sponsors, etc.  
 Research and grant writing  
 Other, please specify:

**All volunteers are required to complete this form and sign the Waiver and Release of liability**



# MAE ORGANIZATION INC - WAIVER AND RELEASE OF LIABILITY

**IN CONSIDERATION OF** the risk of injury that exists while participating in any or all volunteer activities at Mae Organization Inc such as food preparation, cooking, shopping, sorting, and packing clothing, coordinating, and attending events, driving etc., and

**IN CONSIDERATION OF** my desire to participate in said volunteering activities and being given the right to participate in same;

**I HEREBY**, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, "Releasor," "I," or "me," which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any all rights, claims, or causes of action of any kind arising out of my participation in Volunteering activities; and

**I HEREBY** release and forever discharge MAE ORGANIZATION INC located at 1221 Reservoir Avenue, Cranston, Rhode Island 02920, their affiliates, managers, members, agents, attorneys, staff, board of directors, volunteers, heirs, representatives, predecessors, successors, and assigns (collectively "Releases"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activities.

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITIES AND I AM PARTICIPATING IN THE ACTIVITIES ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THESE ACTIVITIES, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY LOCATIONS(S) AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THESE ACTIVITIES.**

**I FURTHER AGREE** to indemnify, defend, and hold harmless the Releases against any and all claims, suits, or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

**I FURTHER ACKNOWLEDGE** that Releases are nor responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should acquire medical care or treatment, I authorize **MAE Organization Inc** to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

**I FURTHER ACKNOWLEDGE** that these activities may involve a test of a person's physical and mental limits and may carry with it the potential of death, serious injury, and property loss. I agree not to participate in these activities unless I am medically able and properly trained, and I agree to abide by the decision of the MAE Organization Inc official or agent, regarding my approval to participate in any or all activities.

**I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE MAE ORGANIZATION INC AND ALL OF ITS AFFILIATES, MANAGERS, BOARD OF DIRECTORS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OF CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST MAE ORGANIZATION INC FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

To the extent that statute or case law does not prohibit releases of ordinary negligence, this release is also for such negligence on the part of MAE ORGANIZATION INC, its agents, members, and employees.

I agree that this Release shall be governed for all purposes by Rhode Island law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect, or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

**THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN IN EFFECT FOR THE DURATION OF MY PARTICIPATION IN THE ACTIVITY, DURING THIS INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.**

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**Print Volunteer Name**

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**Volunteer Signature**

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**Date**

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**Print MAE Organization Inc Official**

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**Mae Organization Inc Official Signature**

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**Date**

