



Kinston Teens, Inc.  
**Volunteer Agreement**  
(Last Updated October 2023)

By agreeing to volunteer with Kinston Teens:

**Health Attestation:**

I ATTEST that I am not experiencing any symptoms of illness such as a fever, cough, sore throat, diarrhea, vomiting, head lice, undiagnosed rash, sore, or other skin condition, or shortness of breath. If I develop these symptoms, I agree that I will not volunteer in-person at any event associated with Kinston Teens. I AM AWARE that I must follow the safety and hygiene protocols that have been implemented by Kinston Teens and its partners to ensure a safe and impactful event. I ATTEST that I have not been diagnosed with COVID-19 or any other contagious illness and not yet cleared as non-contagious by state or local public health authorities. I AGREE with the following Assumption of Risk and Waiver of Liability:

**Volunteer Acknowledgement:**

I ACKNOWLEDGE that I have voluntarily committed to participating in activities with Kinston Teens. I understand that the scope of my volunteer relationship with Kinston Teens and its partners is limited to a volunteer position and that no compensation is expected in return for services provided by me; and that Kinston Teens and its partners will not provide any benefits traditionally associated with employment; and that I am responsible for my own insurance coverage in the event of illness or personal injury as a result of my services volunteering.

**Minor Protection Agreement:**

I AGREE to follow all policies, guidelines, and frameworks outlined in Kinston Teens' Minor Protection Framework. I understand the critical importance of providing a safe, respectful, and nurturing environment for children and youth participating in Kinston Teens programs. My commitment includes ensuring their physical and emotional safety, respecting their boundaries, and valuing their voices. If I have concerns about any behavior or interactions, I will promptly report them to Kinston Teens staff.

**Assumption of Risk:**

I HEREBY ASSUME the risk of bodily injury, illness, death, medical treatment and property damage resulting from my volunteer activities, even if resulting from the negligence of Kinston Teens, its partners, and any of their officers, directors, employees or agents. I hereby release, discharge and agree to indemnify and hold Kinston Teens and its partners harmless from, and waive on behalf of myself and my heirs and personal representatives and any minors I am responsible for who volunteer with me, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of Kinston Teens and its partners, or that may



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otherwise arise in any way in connection with any voluntary activities with, or for Kinston Teens and its partners.

**Release of Liability:**

I UNDERSTAND that this release discharges Kinston Teens and its partners from any liability or claim that I or my heirs, personal representatives or minors I am responsible for may have against Kinston Teens and its partners with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from or in connection with my volunteer activities. This liability waiver and release extends to Kinston Teens together with all of its partners, officers, directors, affiliates, employees and agents. I agree that this release will be governed by all applicable local, state and federal laws.

**MEDIA PERMISSION:**

By volunteering with Kinston Teens, I grant permission to Kinston Teens, a non-profit organization, its employees, representatives, successors, assigns, and affiliates, to take photographs, recordings, and other digital images of me (or my minor child, if applicable).

I understand that Kinston Teens may use or publish the photographs, recordings and other digital images in print or electronic promotional, informational, or educational materials, including without limitation use on advertisements, video communication, websites, blogs, electronic mailings and presentations, newsletters, news releases, and/or other print or electronic communication. I further grant permission to the photographer or videographer of said photographs and digital images and recordings the rights to use the same in their own print or electronic communications. I understand and agree that the use of such photographs and other digital images and recordings is at the discretion of Kinston Teens and/or the photographer, and that I will have no control over the design, layout, editing, alteration, and use of the same.

I authorize the aforementioned use of these photographs, recordings and other digital images without compensation to me (or my minor children, if applicable). I agree that the name, identity, diagnosis and/or treatment, as well as relationship to Kinston Teens of the subject of each photograph, recording, or digital image may be revealed in descriptive text or commentary in connection with such photograph or image. All prints, digital reproductions, and other recorded images shall be exclusively the property of Kinston Teens.

This document may be electronically signed and agreed to by adult participants when registering to volunteer. An adult parent or legal guardian must sign a physical copy of this agreement for any youth participants under 18 years of age.