



## Liability Waiver

- In order to protect the privacy of the individuals and staff of Bello Machre, I agree not to use the full name, address, or any other identifying information of any individual in any verbal or written reports, or conversation in public. I further understand that as a volunteer of Bello Machre, any and all information pertaining to the individuals served is strictly confidential. I agree to hold in confidence any information about clients or staff which comes to my knowledge during my association with Bello Machre.
- I agree not to provide any direct care to the individuals that Bello Machre serves (i.e. bathing, toileting, dressing, feeding, etc.). These duties are only to be provided by trained Bello Machre staff.
- I grant full permission for Bello Machre, Inc. to use photographs of me and quotations from me in legitimate accounts and promotions of the volunteer program.
- I attest that I am physically fit and prepared to perform volunteer services at Bello Machre.
- I acknowledge that Bello Machre has not arranged and does not carry any medical insurance of any kind for my benefit. I further understand that as a volunteer I am not covered under the Maryland Workers' Compensation Act.
- I hereby release and waive any claim against Bello Machre, Inc., its officers, servants, and employees from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me.
- I understand and agree that my services are voluntary in nature and I have no expectation of any salary, compensation, benefit, or remuneration of any kind for my time. I understand and acknowledge that either party may terminate this volunteer relationship at any time.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**Parent or guardian must also sign if Volunteer is less than 18 years of age:**

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date