VOLUNTEER REGISTRATION
AND WAIVER FORM

Name of Volunteer (or Parent or Legal Guardian of Minor Volunteer, if applicable)
____________________________________________________________________________

Name of Minor Volunteer (if applicable) _____________________________________________

Relationship to Minor Volunteer (if applicable) ________________________________________

Address _____________________________ City _______________ State _____  Zip ________

Preferred phone (day/eve/cell) ____________________________________________________

E-mail _______________________________________________________________________

Would you like to be notified of other volunteer opportunities with the National Psoriasis Foundation, an
Oregon nonprofit corporation (the “Foundation”)?

Yes _____      No _____

PLEASE READ ALL OF THE FOLLOWING AND SIGN BELOW ACKNOWLEDGING YOUR AGREEMENT TO ALL OF THE FOLLOWING:

Background Information
I hereby confirm, represent and warrant to the Foundation that I have never been convicted of or charged with
a violent crime, child abuse or neglect, pornography, child abduction, kidnapping, rape or any sexual offense;
nor have I ever received or been ordered by a court to receive psychiatric or psychological treatment with regard
to any of the above. I hereby authorize the Foundation to conduct such criminal and other background checks
of me as it deems appropriate in its discretion.

Waiver and Release; Hold Harmless
In consideration of being given the opportunity to participate in volunteer activities undertaken for, and with
the participation and support of, the Foundation, I, acting on behalf of myself and my heirs, legal
representatives, and assigns, hereby release, discharge, and covenant not to sue, and I hereby waive all claims
against, the Foundation and the Foundation’s officers, directors, employees, agents and volunteers (collectively,
the “Releasees”) from, for and against any and all claims, demands, causes of action (including actions for
injuries sustained to my person and/or my property), liabilities, injuries, losses and damages caused or alleged
to be caused, resulting from, or otherwise incurred during, in whole or in part, my involvement in any such
volunteer activities, whether or not resulting from negligence or willful misconduct by any party. I further agree
that if, despite the above waiver and release, I, or anyone on my behalf, makes a claim against any of the Releasees,
I will indemnify, save, and hold harmless each of the Releasees from, for and against any and all litigation expenses,
attorney fees, loss, liability, damage, or cost which any of the Releasees may incur as a result of such claim, to the
fullest extent permitted by law. I hereby attest and agree that my attendance and involvement in such volunteer
activities is voluntary, that I am participating at and assuming my own risk, and that I have read and understood
the foregoing terms and conditions of this waiver, release and hold harmless provision.

Photographic, Video and Audio Authorization
In consideration of being given the opportunity to participate in volunteer activities undertaken for, and with
the participation and support of, the Foundation, I hereby grant to the Foundation and its legal representatives
and assigns, and those acting with its authority and permission, the irrevocable and unrestricted right and permission to copyright and use, re-use, publish, and re-publish recordings of my voice, photographic portraits or pictures, including in video, or other formats depicting movement, of me or in which I may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise in any and all media, including use in websites or other internet-based mediums, now or hereafter known for illustration, promotion, art, editorial, advertising, trade or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith. I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied. I hereby release, discharge and agree to save harmless the Foundation and its officers, directors, employees, agents and volunteers and all other persons acting under its permission or authority from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or video or recording of my voice or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

Confidentiality
I understanding that the Foundation requires strict confidentiality be maintained by all volunteers with respect to all confidential, proprietary and privileged information obtained by volunteers concerning the Foundation and its members and others it serves, and that volunteers shall not disclose any confidential, proprietary and privileged information obtained in the course of their volunteer activities to any third parties without the Foundation’s prior written consent. I therefore hereby agree to maintain strictly confidentiality as to all confidential, proprietary or privileged information to which I am exposed while serving as a volunteer, and will not disclose, directly or indirectly, to any third party any such confidential, proprietary or privileged information. This information includes, but is not limited to, information pertaining to financial status and operations of the Foundation, such as budget information; donations of money or gifts in kind; salary information and information pertaining to the Foundation’s members, staff or other volunteers. I agree to uphold the confidentiality of all these matters both during and following my volunteer service with the Foundation, and I understand that failure to comply with the confidentiality policies of the Foundation may result in disciplinary actions, including immediate volunteer dismissal, and legal actions, including obtaining injunctive relief and seeking money damages.

In addition, if I contact Foundation staff or other volunteers during my volunteer service activities, I agree to keep all such communications civil and respectful and I agree to keep confidential the names and contact information of the Foundation’s members and other volunteers.

Orientation and Training
I agree to follow all directions provided to me through online orientations, face-to-face trainings or email communications. By accepting a volunteer assignment for the Foundation, I signify my agreement to the policies set forth in trainings, orientations, emails and the policies outlined in the volunteer handbook and in the volunteer resource center.

Dismissal of a Volunteer
I understand that volunteers who do not adhere to the rules and procedures of the Foundation or who fail to satisfactorily perform their volunteer assignment as determined by the Foundation in its sole and absolute discretion are subject to dismissal.

Legal Matters
This document shall be governed by the laws of the State of Oregon, without regard to its conflicts of law principles. Any litigation between any volunteer and the Foundation will be conducted in Multnomah County, Oregon and volunteer hereby agrees to the exclusive jurisdiction of the state and federal courts located in Multnomah County, Oregon.
Consent and Capability to Participate
I hereby represent and warrant that I am over the age of 18 and have the right to contract in my own name. I have read all of the above prior to my execution of this document, and I am fully familiar with the contents thereof. This document shall be binding upon me and my heirs, legal representatives and assigns.

Parental and/or Legal Guardian Consent (Only applicable if volunteer is under the age of 18 years)
If the volunteer is under the age of 18 years, by entering above my full name, address, telephone number, e-mail address and relationship to the minor volunteer, I, the minor volunteer's parent and/or legal guardian, hereby acknowledge and agree, on behalf of myself and the minor volunteer, that I have read all of the foregoing, fully understand and agree to be bound by all of terms of all of the foregoing, understand that I have given up substantial rights by signing this document and have signed it freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional waiver and release of all liability and assumption of all risk to the greatest extent allowed by law, and agree that if any portion of any of the foregoing is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Signature __________________________________________ Date ____________

Please return signed form to:

National Psoriasis Foundation
Attn: __________________________
6600 SW 92nd Ave., Suite 300
Portland, Ore. 97223-7195
Fax 503.245.0626