



## RSWCD Volunteer Agreement

**Volunteer Full Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Mobile Phone Number:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relationship to Emergency Contact:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

The Richland Soil and Water Conservation District (RSWCD) appreciates your help in accomplishing our mission. In exchange for being approved to volunteer with RSWCD, I, the Volunteer, enter into this Agreement to clearly define the relationship through which I will provide services to RSWCD. This Agreement is entered pursuant and subject to the Volunteer Protection Act of 1997, 42 U.S.C. §§14501, *et. seq.*, and S.C. Code Sections 8-25-10 through 8-25-50 (1976 as amended) for the activities generally stated in the attached volunteer description. I agree to comply with the rules and policies applicable to my volunteer activities and to coordinate those activities with the RSWCD Coordinator and understand failure to do so may result in my dismissal from the volunteer program. I further understand that I may be eligible for reimbursement for incidental expenditures directly related to service provided to RSWCD but I must first obtain written approval from RSWCD prior to incurring the expenditure. I understand that the RSWCD will need to report on the hours I volunteer and I will assist in documenting my time.

Liability Limitations and Acknowledgement of Risks – I, the Volunteer, accept and understand that I am subject to both the benefits and limitations of the South Carolina Tort Claims Act pursuant to S.C. Code Section 8-25-40. I understand I may be exposed to potential risks from environmental conditions over which RSWCD may or may not have any control. Taking into consideration my personal health and access limitations for some work locations, I acknowledge that I have the ultimate responsibility to determine whether I can safely participate before engaging in specific volunteer activities.

Because I am not an employee of and receive no compensation or employment benefits from RSWCD, I will not be eligible for workers compensation protections. Accordingly, I hereby release and hold harmless RSWCD and its officials, employees, and agents from any liability to me for any injury, accident, harm, or other damage to me that arises out of my participation in the volunteer program.

## COVID-19

- I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.
- I further acknowledge that RSWCD has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.
- I further acknowledge that RSWCD cannot guarantee that I will not become infected with Coronavirus/COVID-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, RSWCD staff, and other volunteers and their families.
- I seek volunteer opportunities from RSWCD and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while volunteering for RSWCD.

## I attest that:

- I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I have not traveled internationally within the past 14 days.
- I have not traveled to a highly impacted area within Richland County in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- I have not been diagnosed with Coronavirus/COVID-19 and not yet cleared as non-contagious by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold RSWCD harmless from, and waive on behalf of myself, my heirs, and any personal representatives 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 RSWCD, or that may otherwise arise in any way in connection with any services offered by RSWCD. This liability waiver and release extends to RSWCD together with all staff.

Photo, Audio, Video Release – I grant RSWCD permission to use photographs, pictures, audio, and/or video broadcasts and recordings of me (collectively, "Content") as described below. RSWCD may use the Content on the internet and similar platforms/applications, in broadcasts, and in any print or digital form including public presentations, publications, educational materials, derivative works, or similar uses. I understand and agree that the Content may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product or any derivative works. I also understand and agree that I may be identified by name and/or title in information that might accompany the Content. My release of Content to RSWCD is a royalty-free, nonexclusive and permanent/irrevocable right to reproduce, publish, republish or otherwise use the Content and has no

geographic limits. If acquired by or provided to RSWCD, I agree that the Content does not in any way conflict with any existing commitment I have made. I forever release RSWCD, its trustees, employees, and agents from any and all distribution of Content, including but not limited to any claims for invasion of privacy, appropriation of likeness, or defamation.

By signing this Agreement, I acknowledge that I have completely read and fully understand and agree to be bound to these terms. Additionally, I warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if not, that my parent or legal guardian has signed this Agreement below. This Agreement is binding on me and my heirs, assigns and personal representatives.

**Volunteer**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**If the above individual is under eighteen (18) years old, the following section must be completed: I understand and agree that this Agreement is binding on me, my child/ward (named above), our heirs, assigns and personal representatives. I affirm that I am eighteen (18) years old or more and that I am the parent or legal guardian of the child/ward named above.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Full Name: \_\_\_\_\_