



A non-profit 501C(3) Organization - Incorporated in New Jersey Tax ID: 20-1200065 www.ESHAusa.org

## CONSENT & WAIVER FORM Volunteer Staff and Consultants

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Mobile): \_\_\_\_\_

Email: \_\_\_\_\_

1. I agree not to hold ESHA or its representatives (Board members, management, staff members, volunteers) responsible for any liability, any bodily injury and illness claims, demands, damages, costs, expense actions and cause of action arising from any act or occurrence while attending, staffing or supervising any ESHA program, or as a result of any program or activity conducted by ESHA.
2. I understand that while associated with or participating in any ESHA program, I may be photographed, taped, and/or filmed, which may be displayed via any electronic media, not limited to media such as YouTube, to which I consent. I hereby waive all rights to privacy in photographs and videos, and to compensation related to the use of photographs and/or videos.
3. ESHA and Township School District are not responsible for any injury or loss during any ESHA program. ESHA has insurance only for the buildings used at the Public schools or colleges. I agree to compensate ESHA and its representatives for any costs or liabilities they may incur as a result of my participation in its program.
4. On certain occasions, ESHA may offer food to volunteers, staff and consultants; however ESHA is not responsible if anyone has allergy to certain foods.

I fully understand the terms and conditions of the Consent and Waiver as stated above and assume full responsibility for my actions as a volunteer/consultant and willfully entering into this agreement with ESHA.

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

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