

*Davie Domestic Violence Services & Rape Crisis Center*

**Volunteer Waiver**

*I, \_\_\_\_\_, understand that my participation volunteering for Davie Domestic Violence Services & Rape Crisis Center is voluntary and at my own risk. Under no circumstances will Davie Domestic Violence Services & Rape Crisis Center, the County of Davie, their staff, Board of Directors or other volunteers be responsible for any injury or damages incurred to me or my property. I also give my permission for the free use of my name and picture in any written account, broadcast or telecast of the agency for any legitimate purpose. I have been given the volunteer description, reviewed it, and have had an opportunity to discuss the duties, responsibilities and risks with the staff.*

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By signing, I accept the waiver above.

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Date

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Parent/Guardian Signature  
*(If participant is under 18 yrs.)*

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Signature of DDVS/RCC Staff Member

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Date

*Zachary Taylor*