



Hindu Temple of SiouxLand

Volunteer Waiver and Release of Liability

Hindu Temple of Siouxland

I, the undersigned, hereby acknowledge that I am voluntarily offering my services to the **Hindu Temple of Siouxland** (“the Temple”) as a volunteer.

Assumption of Risk

I understand that volunteering may involve activities that carry inherent risks, including but not limited to physical activity, lifting, food preparation, crowd interaction, and participation in events. I voluntarily assume all risks, known and unknown, associated with my participation.

Release and Waiver

In consideration of being permitted to volunteer, I hereby release, waive, and discharge the Hindu Temple of Siouxland, its trustees, officers, employees, priests, volunteers, and representatives from any and all claims, liabilities, demands, actions, or causes of action arising out of or related to any injury, illness, loss, or damage that may occur while I am participating in volunteer activities, except where caused by gross negligence or willful misconduct.

Age Confirmation

I certify that I'm at least 21 years of age on the day of my volunteer service.

Medical Consent

I certify that I am physically and mentally capable of performing volunteer duties. In the event of a medical emergency, I authorize the Temple to obtain medical treatment on my behalf. I understand that I am responsible for any medical expenses incurred.

Conduct and Compliance

I agree to follow all Temple rules, safety guidelines, and instructions provided by Temple authorities. I understand that the Temple reserves the right to terminate my volunteer service at any time.

Photo and Media Release

I grant permission for the Temple to use photographs or videos taken during volunteer activities for Temple-related publications, websites, and social media without compensation.

Governing Law

This waiver shall be governed by and interpreted in accordance with the laws of the State of South Dakota.

I have read and fully understand this Volunteer Waiver and Release of Liability and sign it freely and voluntarily.

Volunteer Name: _____

Signature: _____

Date: _____

Address: _____

Phone / Email: _____

Emergency Contact Name & Phone: _____