



TRINITY VOLUNTEER AGREEMENT

Name (Print): _____

Address: _____

City, State and Zip Code: _____

E-mail Address: _____

Cell Phone Number: _____

Dates able to volunteer: _____

Distance willing to travel to volunteer: _____

Why is volunteering for Trinity important to you?

Statement of Agreement

As a volunteer, I am voluntarily serving and supporting Trinity School of Natural Health, Inc., the students, instructors, staff, and fellow volunteers. I am here to help create a positive, memorable, and impactful experience for all involved.

Live events may be recorded by staff of Trinity School of Natural Health. I understand that my image may be captured, edited, copied, exhibited, published or distributed and I waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or

recording. This release applies to photographic, audio, or video recordings collected as part of this event. I hereby release all claims against Trinity School of Natural Health for utilizing this material for educational and promotional purposes. I understand that I am not permitted to personally record any portions of this live event.

I understand that by volunteering I will not be receiving any financial compensation. I understand that Trinity School of Natural Health is not responsible for any reimbursement of fees associated with travel.

I agree to abide by Trinity School of Natural Health's policies and understand that any decision made is at the discretion of the staff at Trinity School of Natural Health.

If you agree to the statements above, please fill out, sign, and return this page to Christina DeLong at christina@trinityschool.org or mail to Trinity School of Natural Health 220 Parker Street, Warsaw, IN 46580. Thank you!

Signature: _____ Date: _____