

**NEW MEXICO HARM REDUCTION COLLABORATIVE INC**

**VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY**

1. I, \_\_\_\_\_, agree to volunteer for New Mexico Harm Reduction Collaborative as a on an unpaid basis, attending hours that I have chosen myself via SignUpGenius Calendar.
2. As a volunteer, I understand that I control the dates and times when I do the work and that NMHRC is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering. I recognize that I am not entitled to benefits, including employment insurance benefits, as a result of this service.
3. I am aware that participation as a volunteer may require periods of strenuous physical activity such as walking, standing, lifting up to 50lbs, and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
  - a. Needle Stick: In the event of an accidental needle stick I agree to follow the New Mexico Department of Health; Harm Reduction Program Needle Stick Protocol. This will include any injury care and response, subsequent testing, and potential prescription of post-exposure prophylaxis. I agree to contact Executive Direct Ashley Charzuk immediately in the case of a needle stick occurring during volunteer hours or activities.
4. As consideration for volunteering for NMHRC, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue NMHRC or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of NMHRC as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE NMHRC AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN OUTREACH OR ADMINISTRATIVE ACTIVITIES.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF MY VOLUNTEER PERIOD, I AM NOT COVERED BY NMHRC's WORKERS' COMPENSATION PROGRAM. I authorize NMHRC to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
6. I understand that the materials and tools provided by NMHRC are and remain the property of NMHRC, and I agree to return these tools and any remaining materials to NMHRC at the end of my volunteer service.

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

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

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

Volunteer Supervisor: \_\_\_\_\_