



Volunteer Release and Waiver of Liability

This Release and Waiver of Liability (hereinafter “Release”) executed on (date) _____ by (full name of volunteer candidate) _____ (hereinafter “Volunteer”) releases Al Shaqab, Member of Qatar Foundation (hereinafter “AL SHAQAB”), a reputable organization established under the laws of the State of Qatar. The Volunteer desires to provide volunteer services to AL SHAQAB and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with AL SHAQAB is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that AL SHAQAB will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to AL SHAQAB.

1. Waiver and Release:

I, the Volunteer, release and forever discharge AL SHAQAB from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to AL SHAQAB. I understand and acknowledge that this Release discharges AL SHAQAB from any liability or claim that I may have against AL SHAQAB with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to AL SHAQAB or occurring while I am providing volunteer services.

2. Insurance:

Further, I understand that AL SHAQAB does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of AL SHAQAB beyond what may be offered freely by AL SHAQAB in the event of such injury or medical expenses incurred by me.

3. Medical Treatment:

I hereby release and forever discharge AL SHAQAB from any claim whatsoever which arises or may hereafter arise on account of medical services rendered during my tenure as a volunteer with AL SHAQAB.

4. Assumption of Risk:

I understand that the services I provide to AL SHAQAB may include activities that may be hazardous to me including, but not limited to work associated with horse riding or any related equine activities.

Once completed, kindly send this document [to alshaqabvolunteer@qf.org.qa](mailto:alshaqabvolunteer@qf.org.qa)



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By signing below, I express my understanding and intent to enter into this Release willingly and voluntarily.

Volunteer's Signature: _____

Date: _____

Parent or Guardian Name: _____
(If Volunteer is under the age of 18 years)

Signature of Parent or Guardian: _____
(If Volunteer is under the age of 18 years)

Volunteer's Contact Details

Address/P.O. Box: _____

Mobile Telephone Number: _____

Alternative Telephone Number in the case of an emergency: _____

Email Address: _____

Event's Detail:

Name of Event: _____

Date/s of Event: _____

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