

# VIRTUAL VOLUNTEER AGREEMENT

This will serve as a Virtual Volunteer Agreement (“Agreement”) between the volunteer applicant and the Blue Zones Project®, regarding my volunteer commitment. In exchange for the privilege of participating in Blue Zones Project as a volunteer, I understand and agree to the following terms:

## Virtual Volunteer’s Responsibility

I understand my volunteer responsibilities shall include, but not be limited to, the following:

- Show up to event on-time with appropriate clothing and background (real-time or green screen)
- Be alert, participate and ask questions if have

## Blue Zones Project’s Responsibility

I understand Blue Zones Project’s responsibilities shall include, but not be limited to, the following:

- Provide necessary communication in order to carry out virtual events (instructions, supplies, ingredients, etc.)
- Blue Zones Project staff person available during shifts at all times to provide direction and assistance to carry out event successfully

## Volunteer Status

I understand that my volunteer status with Blue Zones Project is “at will” and that Blue Zones Project or I may terminate my volunteer status with Blue Zones Project at any time for any reason.

## Confidentiality and Confidential Information

Blue Zones Project values the confidentiality of participants as appropriate, business operations, employees and overall dealings of the Blue Zones Project initiative. Blue Zones Project is legally and morally obligated to ensure the protection of those parties. Confidential information includes, but is not limited to, such things as participant personal information, personnel files, financial and marketing data, expert materials, compensation data, addresses, phone numbers, medical history data and trade secrets. There is an expectation that all confidential information will maintained as confidential. If I am the recipient of such confidential information, I understand that any unauthorized release by me or carelessness in the handling of this confidential information by me is considered a breach of the duty to maintain confidentiality. I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible liability in any legal action arising from such breach.

## Liability

I hereby agree to fully accept any and all risk of injury, illness and death that may result from my participation in the volunteer program and hereby fully release Blue Zones, LLC and Blue Zones Project from any and all liability or damages for claims I may have relating to my work as a volunteer.

## Photo Release Authorization

By signing this Agreement, I hereby authorize Blue Zones Project to use my image and/or event recording in its publications, including but not limited to brochures, flyers, the website, and audiovisual presentations. I understand that this image/recording may be disseminated to print or broadcast news media to publicize services and programs of Blue Zones Project and may appear in local, regional, or national publications. I understand that my image becomes the property of Blue Zones Project and I waive all rights/privileges associated with this image/recording.

I hereby release Blue Zones Project from any liability that may result from the use of my image as part of publicity efforts by Blue Zones Project. I have read and understand all terms of the responsibilities, policies, and practices described in the Blue Zones Project Virtual Volunteer Agreement.