

**EXHIBIT A**  
**VOLUNTEER ACKNOWLEDGMENT FORM**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Group:** \_\_\_\_\_ **Facility:** Cynthia Woods

This Volunteer Acknowledgment Form ("Form"), to be completed and signed by you, details your agreement to be a volunteer with the Group identified above, a non-profit, tax-exempt organization, as defined in Section 501 of the Internal Revenue Code ("the Group").

ARAMARK SPORTS AND ENTERTAINMENT SERVICES, LLC ("Aramark") provides food and beverage services at the public event facility identified above (the "Facility"). The Group requested that Aramark permit the Group to engage in fund raising for civic, charitable, religious, educational or other purposes as defined in Section 501 of the Internal Revenue Code through the conduct of concessions operations at the Facility as Aramark may designate from time to time.

**You acknowledge as follows:**

1. I am performing volunteer work for the Group without any expectation or intention of receiving wages, compensation, or benefits from the Group or from Aramark. I am donating my time and effort for the benefit of the Group because of my interest in supporting the Group and its mission. My services are offered freely and without pressure or coercion, direct or implied from any member of the Group or any employee of Aramark.

2. I understand that I am not an employee of Aramark and I have no expectation of an employment relationship, whether express or implied.

3. I understand that I will not (a) receive any wages, compensation, or benefits from the Group or Aramark for my volunteer service; (b) be reimbursed for any personal expenses, such as parking or meals, that I incur in performing my volunteer service; and (c) receive any portion of donations made to Group by consumers as a tip or gratuity in the course of the concessions operations at locations where I am performing volunteer service. Unless applicable law requires otherwise, any tips and gratuities will be treated as a donation to the Group.

4. I understand that my volunteer service is not for a fixed period of time and that the Group or Aramark may release me as a volunteer without prior notice and for any reason.

5. I understand that the Group supervisor will determine the tasks associated with my volunteer service. I also understand that I may receive training related to my volunteer service.

6. I attest that I do not receive food, shelter, clothing, necessities of life, or any other similar benefit from the Group.

7. I understand that I am required to complete a Background Investigation Disclosure and Authorization Notice and a Criminal History Disclosure Form. I understand that my volunteer service is contingent on any results of such checks being satisfactory to Aramark.

8. On behalf of myself, my heirs, and my representatives (collectively, the “Related Parties”), I agree to release, indemnify, and hold harmless Aramark and Aramark’s Client, all of their parent, subsidiary and affiliated companies, and all of their past and present officers, directors, employees, agents and assigns (“Aramark Persons and Entities”) from any and all liability, damage, or claims of any nature that arise out of or are related to my volunteer service to the extent such liability, damage and claims may be released under the law. In addition, I, for myself and on behalf of my Related Parties, hereby knowingly and voluntarily release, covenant not to sue, waive, forever discharge, and hold harmless all Aramark Persons and Entities, as well as Aramark’s client and all entities and individuals related thereto in connection with the Facility (each a “Released Party” and, together, the “Released Parties”) of and from any and all claims, demands, causes of action, damages, suits, liabilities, costs or expenses of every kind, regardless of the existence or degree of fault or negligence, action or inaction of a Released Party or any other person or entity, whether foreseeable or unforeseeable, arising out of or relating to any exposure to or transmission of COVID-19 at the Facilities, in connection with my activities at the Facility, including, but not limited to, claims based on injury to, death of, hospitalization of, loss of income by, loss of consortium by, physical or emotional injuries and/or damages or property damage to any person. None of the Released Parties assumes any responsibility or obligation to provide financial or other assistance to me for any reason in the event that I am exposed to COVID-19 at the Facility, including, but not limited to, financial or other assistance related to costs associated with any related illness or injury.

9. I further understand and acknowledge the ease with which COVID-19 (including variations thereof) spreads among individuals, including individuals who are asymptomatic, the impossibility of guaranteeing complete protection from COVID-19 for individuals, and the inherent risks associated with volunteering at the Facility, and I knowingly acknowledge and assume these risks in connection with my volunteering activities at the Facility.

10. To the maximum extent permitted by applicable law, all disputes, claims, complaints, or controversies (“Claims”) that I have now or at any time in the future may have against Aramark Persons or Entities, or that Aramark has now or at any time in the future may have against me, including statutory claims and claims for wages and overtime, that arise out of or are related to my volunteer service (collectively “Covered Claims”), are subject to binding arbitration and will be resolved by arbitration and NOT by a court or a judge or a jury. This agreement shall not prevent me from filing a Covered Claim with a government agency provided that if the Covered Claim is not resolved before the agency, it will proceed in arbitration rather than in court. The parties agree that no Covered Claims may be initiated or maintained on a class action, collective action, or representative action basis either in court or arbitration, and that neither party may participate as a plaintiff, opt-in, claimant, or class member in a class, collective or representative action involving any Covered Claims. If any portion of this arbitration agreement is found to be void, voidable, or otherwise unenforceable, then the portion found void or unenforceable shall be severed from this Agreement, and all other parts and provisions shall remain in full force and effect. A court and not an arbitrator must resolve issues concerning the

enforceability or validity of the class action, collective action, or representative action waiver, and if any claims are found to be able to proceed on a class action, collective action, or representative action basis notwithstanding this waiver, such claims shall proceed in court and not in arbitration. Any arbitration under this agreement shall be conducted before the American Arbitration Association (AAA), before a single arbitrator, in accordance with the Commercial Arbitration Rules unless the parties agree or the arbitrator rules otherwise, but no rules of the AAA shall apply that are inconsistent with this agreement. Information about AAA and its rules can be found at [www.adr.org](http://www.adr.org), and a copy of the Commercial Arbitration Rules will be provided upon request. In the event I file a claim under this agreement, I will be responsible for \$200 towards any AAA filing or administrative fee, and Aramark will be responsible for any additional amount of the AAA fee. In the event any Aramark files a claim under this agreement, it will be responsible for the entire AAA filing or administrative fee. Aramark will pay any other AAA administrative fees, the arbitrator's fees, forum fees, and other administrative fees and costs of the arbitration forum.

11. By signing this Form, I attest that I am 18 years of age or older.
12. Intentionally Omitted

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

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

Parent/Guardian Signature (Required for Volunteers under age 18)

\_\_\_\_\_

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