

*Important: Each volunteer must sign the "Volunteer Waiver of Liability" before engaging in any volunteer activity. Read this waiver very carefully before you sign. Waiver applicable 1 year from date of signature.*

## **Volunteer Waiver of Liability**

This release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the volunteer \_\_\_\_\_ in favor of FAMILY PROMISE OF ORANGE COUNTY, INC, a nonprofit corporation organized and existing under the laws of the State of California, USA and Family Promise National in Summit, NJ, and both of their directors, officers, employees, and agents (collectively, "Family Promise").

I, \_\_\_\_\_, desire to work as a volunteer for Family Promise and engage in the activities related to being a volunteer for a work project. I, \_\_\_\_\_, hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release.** The volunteer releases and forever discharges and holds harmless Family Promise and its successors and assigns 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 volunteer's work at Family Promise. The volunteer understands and acknowledges that this Release discharges Family Promise from any liability or claim that the volunteer may have against Family Promise with respect of bodily injury, personal injury, illness, death, or property damage that may result from participation in a Family Promise project. It is also understood that Family Promise does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.
2. **Insurance.** The volunteer understands that we expressively waive any such claim for compensation or liability on the part of Family Promise beyond what may be offered freely by the representative of Family Promise in the event of such injury or medical expense.
3. **Medical Treatment.** The volunteer hereby releases and forever discharges Family Promise from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the volunteer's time with Family Promise.
4. **Assumption of Risk.** The volunteer understands that his/her/their time with Family Promise may include activities that may be hazardous to them including, but not limited to, loading and unloading of heavy supplies and materials. I hereby expressly assume the risk of injury or harm in these activities and release Family Promise from all liability for injury, illness, death or property damage resulting from the activities of the volunteer's time at Family Promise.
5. **Photographic Release.** As a volunteer, I grant and convey unto Family Promise all right, title, and interest in all photographic images and video or audio recordings made by Family Promise during my work with Family Promise.
6. **Other.** As the volunteer I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall no otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

*To express my understanding of this Release, I sign here.*

Name of Volunteer \_\_\_\_\_

Signature \_\_\_\_\_

Address/Phone number \_\_\_\_\_

Organization \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone number \_\_\_\_\_