

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability releases San Diego Coalition for the Homeless, ("Coalition") a California nonprofit corporation and each of its directors, officers, employees, and agents. Volunteer desires to provide volunteer services for Coalition. Volunteer's relationship with Coalition is limited to a volunteer position and that no compensation is expected; that Coalition will not provide any benefits; and that volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Coalition 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.

2. Insurance: Further I understand that Coalition 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 injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Coalition beyond what may be offered freely by Coalition in the event of such injury or medical expenses incurred by me.

3. Medical treatment: I hereby Release and forever discharge Coalition from any claim which arises or may hereafter rise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Coalition.

4. Assumption of Risk: I understand that the services I provide to Coalition may include activities that may be hazardous to me. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release Coalition from all liability for injury, illness, death or property damage.

5. Photographic Release: I grant and convey to Coalition all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Coalition in connection with my providing volunteer services to Coalition.

6. Other: As a 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 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 is deemed invalid, the enforceability of the remaining provisions of the Release shall not be affected.

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

Print Name

Signature

Date

(If Volunteer is under the age of 18, a parent or guardian must sign the Release and Waiver. The term "Volunteer" Applies to parents and guardians also.)

Parent Name

Parent Signature

Date