

Volunteer Release and Waiver of Liability Form

This release and Waiver of Liability executed on ______ by _____, releases Santa Barbara AVP, a non-profit corporation organized and existing under the laws of the state of California, and each of its directors, officers, employees, and agents. The volunteer desires to provide volunteer services for SBAVP and engage in activities related to serving as a volunteer ______ (mentor, companion, driver, other).

Volunteer understands that the scope of volunteer's relationship with SBAVP is limited to a volunteer position and that no compensation is expected in return for services provided by volunteer, that SBAVP 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 SBAVP.

- 1. **Waiver and Release:** I, the volunteer, release and forever discharge and hold harmless SBAVP and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or I equity, which arise or may hereafter arise from the services I provide to SBAVP. I understand and acknowledge that this Release discharges SBAVP from any liability or claim that I may have against Palabra with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to SBAVP or occurring while I am providing volunteer services.
- 2. **Insurance:** Further, I understand that SBAVP 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 property. I expressly waive any such claim for compensation or liability on the part of SBAVP, beyond that may be offered freely by SBAVP in the event of such injury or medical expenses incurred by me.
- 3. **Medical treatment:** I hereby release and forever discharge SBAVP 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 my tenure as a volunteer with SBAVP.

Santa Barbara/AVP is a section 501(c)(3) nonprofit organization, federal tax ID# 81-5079846. You received no gifts or services in exchange for your donation, which is tax-deductible to the extent allowed by law



4. **Assumption of Risk:** I understand that the services I provide to SBAVP may include activities that may be hazardous to me including, but not limited to

Involving inherently dangerous activities. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and release SBAVP from all liability for injury, illness, death or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services.

- 5. **Photographic Release:** I grant and convey to SBAVP all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by SBAVP in connection with my providing volunteer services to SBAVP.
- 6. **Other:** As a volunteer, I expressly agree that this Release is intended to be as a broad and inclusive as permitted by the laws of the State of California and that this Release shall be governed by an 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 this 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.

Signature

Date

* If Volunteer is under the age of 18, a parent or guardian must sign, and form should be modified accordingly.

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