

I N N E R

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Volunteer Waiver and Release Form

Volunteer Name: _____

Volunteer Work: _____

Volunteer Supervisor: _____

Duration (start/end date): _____

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 20__, by _____ (the "Volunteer") in favor of Inner City Law Center (ICLC), a nonprofit corporation, and its directors officers, employees, and agents.

The Volunteer desires to work as a volunteer for ICLC and engage in the activities related to being a volunteer for the work as described above (the "Activities"). The Volunteer understands that the Activities may include physical labor, exposure to hazardous conditions, or other circumstances that may result in personal injuries.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. Release and Waiver. Volunteer does hereby release and forever discharge and hold harmless ICLC and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Volunteer's Activities with ICLC.

VOLUNTEER UNDERSTANDS THAT THIS RELEASE DISCHARGES ICLC FROM ANY LIABILITY OR CLAIM THAT THE VOLUNTEER MAY HAVE AGAINST ICLC WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM VOLUNTEER'S ACTIVITIES WITH ICLC WHETHER CAUSED BY THE NEGLIGENCE ICLC OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. VOLUNTEER ALSO UNDERSTANDS THAT ICLC 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 OR ILLNESS.

2. Medical Treatment. Volunteer does hereby release and forever discharge ICLC from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with ICLC.

3. Assumption of the Risk. The Volunteer understands that the Activities may involve work that may be hazardous to the Volunteer, to include transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities, and releases ICLC from all liability for injury, illness, death, or property damage resulting from the Activities.

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4. **Insurance.** The Volunteer understands that, except as otherwise agreed to by ICLC in writing, ICLC does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

5. **Photographic Release.** Volunteer does hereby grant and convey unto ICLC all right, title, and interest in any and all photographic images and video or audio recordings made by ICLC during the Volunteer's Activities with ICLC including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. **Other.** Volunteer expressly agrees 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. Volunteer also agrees 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 not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Volunteer Certification and Signature:

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Volunteer Signature: _____ Date: _____

Parent/Legal Guardian Certification and Signature (if volunteer is under 18):

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Parent/Legal Guardian

Signature: _____ Date: _____

Witness Certification and Signature:

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Witness Signature: _____ Date: _____