

EMERGENCY CONTACT AND RELEASE

Emergency Contact Information			Date				
Name:							
Address:							
Phone day:	_ Evening:		_ Cell:				
In case of an emergency, contact:							
Name:		Relationship:					
Address:		E-mail:					
Phone day:	_ Evening:		_ Cell:				
Any allergies, medications, or other information needed in an emergency:							
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Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS! This Release and Waiver of Liability (the "Release") executed on this ____day of _____, 20__,by ____ (the "Volunteer") in favor of LA ON CLOUD 9, a nonprofit corporation, and its directors officers, employees, and agents.

The Volunteer desires to work as a volunteer for LA ON CLOUD 9 and engage in the activities related to being a volunteer for [Insert name of volunteer event or type of volunteer work] (the "Activities"). The Volunteer understands that the Activities may include [Insert specific description of activities, including description of 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 LA ON CLOUD 9 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 LA ON CLOUD 9.

Volunteer understands that this release discharges LA ON CLOUD 9 from any liability or claim that the volunteer may have against LA ON CLOUD 9 with respect to any bodily injury, personal injury, illness, death, or property damage that may result from volunteer's activities with LA ON CLOUD 9, whether caused by the negligence of LA ON CLOUD 9 or its officers, directors, employees, or agents or otherwise. Volunteer also understands that LA ON CLOUD 9 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 LA ON CLOUD 9 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 LA ON CLOUD 9.

3. Assumption of the Risk The Volunteer understands that the Activities may involve work that may be hazardous to the Volunteer, including, but not limited to, serving food, line control, passing out hygiene products, setting up tables, chairs and canopies, and transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities, and releases LA ON CLOUD 9 from all liability for injury, illness, death, or property damage resulting from the Activities.

4. **Insurance** The Volunteer understands that, except as otherwise agreed to by LA ON CLOUD 9 in writing, LA ON CLOUD 9 does not carry or maintain health, medical, life insurance, vehicle insurance, Collision, Comprehensive, Personal Injury, Uninsured /Underinsured Motorist and liability 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 LA ON CLOUD 9 all right, title, and interest in any and all photographic images and video or audio recordings made by LA ON CLOUD 9 during the Volunteer's Activities with LA ON CLOUD 9, 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.

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

Volunteer Signature: _	 Age:	Date:	Witness:	
Parent/Guardian:	Signature:			_ Date: