



# Volunteer Waiver of Liability

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*Thank you for volunteering today. We greatly appreciate your assistance and commitment to developing youth and conserving natural resources for a strong, sustainable community. Our insurance policy requires that we have accurate records of all volunteers.*

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ (the "Volunteer or Parent/Guardian") in favor of Conservation Corps North Bay (CCNB), a non-profit corporation, their directors, officers, employees, and agents (collectively, "Conservation Corps North Bay").

The Volunteer desires to work as a volunteer for CCNB and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include habitat restoration, trail maintenance, litter abatement, garden beautification, wildlife monitoring, working in the CCNB offices, and/or participating in special events and fundraisers.

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

**Release and Waiver:** Volunteer does hereby release and forever discharge and hold harmless CCNB and its successors and assigns from any and all liability, claims, demands, obligations, costs, expenses, attorneys fees, actions and causes of action of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with CCNB. Volunteer understands that this Release discharges CCNB from any liability or claim that the Volunteer may have against CCNB with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities with CCNB, whether causes by the negligence of CCNB or its officers, directors, employees, or agents or otherwise. Volunteer also understands that CCNB 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.

**Medical Treatment:** Volunteer does hereby release and forever discharge CCNB 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 CCNB.

**Assumption of the Risk:** The Volunteer understands that the Activities includes work that maybe hazardous to the Volunteer, including, but not limited to, habitat restoration, trail maintenance, litter abatement, garden beautification, and wildlife monitoring. Volunteer understands that the specific risks vary from one activity to another, but range from relatively minor injuries such as scratches, bruises, sprains, bee stings, poison oak or other allergic reactions, to more serious injuries, including, but not limited to, eye injuries or loss of sight, cuts or gashes, broken bones or other joint or back injuries, loss of limb, paralysis or death.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases CCNB from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance:** The Volunteer understands that, except as otherwise agreed to by CCNB in writing, CCNB does not carry or maintain health, medical, or disability insurance for any Volunteer.

Volunteer Accident Insurance is provided and is a medical insurance policy which covers accidents involving volunteers on the work site or in other supervised events. Volunteer Accident Insurance pays after the Volunteer's insurance pays. If the Volunteer has no insurance, the policy pays up to the limits of coverage.

**Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

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

**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 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 Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Age: \_\_\_\_\_

Volunteer Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Age: \_\_\_\_\_

Volunteer Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Age: \_\_\_\_\_

Volunteer Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Age: \_\_\_\_\_

Volunteer Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Age: \_\_\_\_\_

\*Parent/Guardian Volunteer Name (Print): \_\_\_\_\_

\*Parent/Guardian Volunteer Signature: \_\_\_\_\_

Volunteer(s) Address: \_\_\_\_\_

Phone number where you are most easy to reach: \_\_\_\_\_

Email: \_\_\_\_\_

Group/Organization: (if applicable) \_\_\_\_\_

How did you hear about this volunteer opportunity? \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*If any volunteers named above are *under 18* please complete the parent/guardian lines.**