



## Volunteer Waiver of Liability Agreement

免除責任聲明

**Name of event:**

Thank you for working today. We greatly appreciate your assistance and commitment. Our insurance policy requires that we have an accurate record of all volunteers. This is a form where you agree to release SimplyHelp Foundation of all liability while performing volunteer work with SimplyHelp.

This Release and Waiver of Liability (the “Release”) executed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ (the “Volunteer”) in favor of SimplyHelp Foundation, a non-profit organization organized and existing under the laws of the State of California and each of its directors, officers, employees, and agents.

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 SimplyHelp 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 from Volunteer’s Activities with SimplyHelp.

Volunteer understands that this Release discharges SimplyHelp from any liability or claim that the Volunteer may have against SimplyHelp with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer’s Activities with SimplyHelp, whether caused by the negligence of SimplyHelp or its officers, directors, employees, or agents or otherwise.

Volunteer also understands that SimplyHelp 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 SimplyHelp 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 SimplyHelp.

**Assumption of the Risk:** The Volunteer understands that the Activities includes work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, 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 SimplyHelp 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 SimplyHelp in writing, SimplyHelp does not carry or maintain health, medical, or disability insurance for any Volunteer. **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 SimplyHelp all rights, title, and interest in any and all photographic images and video or audio recordings made by SimplyHelp during the Volunteer's Activities with SimplyHelp, 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 Please) :** \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Volunteer Address:** \_\_\_\_\_

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

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

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

**\*\*\*\*\* If the volunteer is under the age of 18 a parent or legal guardian must sign.\*\*\*\*\***

**Parent Signature:** \_\_\_\_\_ ( if 18 or under)

**In case of emergency, please contact:**

**Name** \_\_\_\_\_

**Relation** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

\

**SimplyHelp Foundation**  
**www.Simplyhelp.org**  
**121 S. Hope St. #406 Los Angeles, Ca 90012**  
**Tel: 213-6267676 Fax: 213-626-7575**