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## **Volunteer – Intern Waiver and Release**

This waiver and release of liability executed on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ by (Volunteer/Intern Name) \_\_\_\_\_ releases Child Care Resource Center (CCRC), a non-profit corporation organized and existing under the laws of California and each of its directors, officers, employees. The Volunteer/Intern desires to provide Volunteer/Intern services for CCRC and engage in activities related to serving as a Volunteer/Intern for book collection and distribution, art projects, building, painting, operating power tools, landscaping, physical activities, registration, popcorn machine, hair/face painting, and other opportunities. The Volunteer/Intern understands that the scope of Volunteer/Intern's relationship with CCRC is limited to a Volunteer/Intern position and that no compensation is expected in return for services provided by Volunteer/Intern. CCRC will not provide any benefits traditionally associated with employment to Volunteer/Intern and that Volunteer/Intern is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer/Intern's services to CCRC.

**DUTIES AND HAZARDS:** I am aware that volunteering for CCRC in the capacity of an office support, outreach, and/or special events volunteer/intern can be a potentially hazardous activity. I am voluntarily participating in these activities with the knowledge of any danger involved and therefore agree to accept any and all risks of injury or death and confirm this statement by **placing my initials here:** \_\_\_\_\_.

**WAIVER AND RELEASE:** As consideration for being permitted by CCRC to participate in these activities and the use of their facilities, I hereby agree that I, my assignees, heirs, spouses, guardians, and legal representatives will not make a claim against, sue, or attach the property of CCRC or any of its agents, directors, employees, representatives, contractors, or volunteers for injury of damage resulting from the negligence or other acts, howsoever caused, by an agent, director, employee, representative, contractor, or volunteer of CCRC as a result of my participation as a volunteer. I hereby furthermore release CCRC and its agents, directors, employees, representatives, contractors, and volunteers from all actions, claims, or demands that I, my assignees, heirs, spouse, guardians, and legal representatives now have or may hereafter have for injury of damage, whether currently known or unknown, resulting from my participation as a volunteer. This release of liability and assumption of risk, in addition to covering any past occurrences, is intended to discharge in advance their respective successors and assigns from and against any and all liability arising out of or connected in any way with my participation as a volunteer for CCRC, even though that liability may arise out of negligence or carelessness on the part of the persons or entities above mentioned, or any other cause.

**Insurance:** Further, I understand that CCRC does not assume any responsibility 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 my property. I expressly waive any such claim for compensation or liability on the part of CCRC beyond what may be offered freely by CCRC in the event of such injury or medical expenses incurred by me.

**Medical Treatment:** I hereby release and forever discharge CCRC 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/Intern with CCRC.

**Assumption of Risk:** As a Volunteer/Intern, I hereby expressly assume the risk of injury or harm from any Volunteer/Intern activities I perform and release CCRC from all liability for injury, illness, death, or property damage resulting from the services I provide as a Volunteer/Intern of occurring while I am providing Volunteer/Intern services.

**Photography & Video Release:** I acknowledge that my picture/likeness may be taken/recorded and release permission for that picture/likeness to be used by CCRC. I acknowledge that CCRC may use said picture in print media or other forms of visual communication as it or its designees see fit. I attest that I am not entitled to any form of monetary/financial compensation for the use of my likeness, have not been promised such, and recognize that CCRC need not provide compensation for this or any other type. I grant and convey to CCRC all right, title, and interest in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by CCRC in connection with my providing Volunteer/Intern services to CCRC.

## Volunteer/Intern Waiver and Release Form

**Other:** As a Volunteer/Intern, I expressly agree that this Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Waiver and Release shall be governed by and interpreted in accordance with the laws and the State of California. I agree that in the event that any clause or provision of this Waiver and Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

**I HAVE CAREFULLY READ THIS CONTRACT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE FROM LIABILITY AND A CONTRACT BETWEEN MYSELF AND Child Care Resource Center, AND I SIGN IT OF MY OWN FREE WILL. By signing below, I express my understanding and intent to enter into this Waiver and Release of Liability willingly and voluntarily.**

Participant Name (Please Print): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT/GUARDIAN CONSENT (if a participant is under 18):**

I hereby give my permission for my son/daughter \_\_\_\_\_, age \_\_\_\_\_, to participate in CCRC's volunteer event. I acknowledge that I am informed of the hazards involved in the volunteer activity. I have read and understand the Release from Liability and also agree to be bound by its terms in consideration for CCRC allowing my son/daughter to participate in this event.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Phone Number: \_\_\_\_\_