



## **VOLUNTEER WAIVER OF LIABILITY AND PHOTO RELEASE**

Please read carefully. This document may affect you legally.

### **PARTIES INVOLVED**

This agreement is between Pomona Hope and the volunteer. Pomona Hope., a nonprofit organization, its directors, officers, employees, and agents are collectively referred to as "POMONA HOPE". The undersigned is referred to as the "VOLUNTEER".

### **VOLUNTEER LIABILITY RELEASE**

In consideration of my desire to serve as a volunteer with Pomona Hope, I hereby assume all responsibility for any and all risk of property damage, bodily injury, illness, or death that may result from my participation in any voluntary effort or any other activity of any nature.

I agree to abide by all rules, regulations, and directives from Pomona Hope concerning safety and the use of all equipment and facilities. If I fail to do so, I understand Pomona Hope can immediately terminate my volunteer activities.

Further, I, for myself and my heirs, executors, administrators and assigns, hereby release, waive, discharge, and hold harmless Pomona Hope and its officers, directors, employees, agents, affiliated organizations, and volunteers of and from any and all claims which I or my heirs, administrators, and assigns ever may have against any of the above for, on account of, by reason of, or arising in connection with such volunteer efforts or my participation therein, and I hereby waive all such claims, demands, and causes of action.

I understand Pomona Hope does not assume any responsibility or obligation to provide financial or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death, or property damage. I UNDERSTAND I AM ENCOURAGED AND EXPECTED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO VOLUNTEERING. The VOLUNTEER releases Pomona Hope from any claims arising from first aid, medical treatment, and service rendered.

Further, I expressly agree that this Liability Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Liability Release shall be interpreted in accordance with the laws of the State of California. Jurisdiction and venue for any action with respect to this Liability Release shall only be in Los Angeles County, State of California. I agree that in the event any portion of this Liability Release is held invalid, the balance shall notwithstanding, continue in full force and effect.

I hereby warrant that I have every right to contract in my own name in the above regard. Further, I have personally and carefully read the foregoing release and understand the contents thereof and sign this release as my own free act. I understand I am giving up substantial rights, including, but not limited to, my right to sue.

## PHOTO RELEASE

I agree to permit photographs, video or digital tapes, movies, and/or sound recordings of myself for the purpose of television, radio, newspaper or outdoor advertising, videos, printed materials (brochures, banners, posters, etc.), internet, social media, and/or news stories.

I hereby grant and convey unto Pomona Hope unlimited publication or use and all right, title, and interest in any and all photographic images and video or audio recordings made by Pomona Hope during my Volunteer Activities with Pomona Hope, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I hereby waive all claims for any compensation for such use or for damages, now or anytime in the future. VOLUNTEER hereby releases and discharges Pomona Hope from any and all claims and demands arising out of or in connection with the use of the Photos, including without limitation any and all claims for libel or invasion of privacy.

### BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS RELEASE

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **In Case of Emergency, please contact:**

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