



Waiver of Liability for a Minor

This release MUST be completed, signed and turned in on or before the day you work with The Arc of San Diego, at the site _____, or an event. Once you have returned this waiver, it will be kept on file at The Arc of San Diego Administrative Building.

It is important that you fill the form out completely and understand what you are signing.

PLEASE PRINT LEGIBLY OR TYPE

Name: _____ Birth date: _____

Address (with Zip Code): _____

Home Phone : _____ Work Phone: _____ Cell Phone: _____

E-mail address: _____ Circle: Male / Female

Emergency Contact Name: _____ Emergency Phone: _____

Medical Information (allergies, etc): _____

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, by _____ a minor child (the "Volunteer"), and _____, the parent having legal custody and/or the legal guardian of the volunteer (the "Guardian"), in favor of The Arc of San Diego, a nonprofit corporation, their directors, officers, employees, and agents, and Project Sponsors. The Volunteer and Guardian desire that the Volunteer work as a volunteer for The Arc of San Diego and engage in the activities related to being a volunteer (the "Activities").

Volunteer and Guardian do hereby release and forever discharge and hold harmless The Arc of San Diego 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 The Arc of San Diego. Volunteer and Guardian understand that this Release discharges The Arc of San Diego and Project Sponsors from any liability or claim that the Volunteer or Guardian may have against The Arc of San Diego with respect to any bodily injury, personal injury, illness, loss of life, or property damage that may result from Volunteer's Activities with The Arc of San Diego, whether caused by the negligence of The Arc of San Diego or its officers, directors, employees, or agents or otherwise. Volunteer and Guardian also understand that The Arc of San Diego and Project Sponsors do 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.

It is the policy of The Arc of San Diego that children under the age of 13 not be allowed on an Arc of San Diego worksite while there is heavy construction in progress.



Volunteer and Guardian do hereby release and forever discharge The Arc of San Diego and Project Sponsors from any claim whatsoever which arises or may hereafter arise on account of first aid, treatment. I further agree with them that no suit or action at law shall be instituted for the above reasons by others or me in Volunteer's or Guardian's behalf.

Volunteer and Guardian hereby agree and consent to allow The Arc of San Diego to photograph or videotape the above-named person for publicity purposes by The Arc of San Diego and waive all claims for any compensation for such use or for damages.

Volunteer and Guardian understand that, except as otherwise agreed to by The Arc of San Diego in writing, The Arc of San Diego does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

Volunteer and Guardian expressly agree 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 and Guardian have executed this Release as of the day and year first above written.

Signature of Volunteer: _____ Date: _____

Signature of Witness: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____