



United Way of
San Luis Obispo County

VOLUNTEER EMERGENCY CONTACT AND RELEASE FORM

PERSONAL INFORMATION

Name: _____

Address: _____

Cell Phone: _____

Home Phone: _____

E-mail: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Cell Phone: _____

Home Phone: _____

E-mail: _____

Any allergies, medications, or other information needed in case of an emergency:

VOLUNTEER SIGNATURE

DATE

United Way of San Luis Obispo County
PO Box 14039
San Luis Obispo, CA 93401



RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

This release and Waiver of Liability (the "Release") is being executed on this day, the _____ of _____, 2022 by _____ (the "Volunteer") in favor of **United Way of San Luis Obispo County**, a nonprofit corporation, and its directors, officers, employees and agents.

The Volunteer desires to assist **United Way of San Luis Obispo County** with various activities related to the volunteer position (the "Activities"). The Volunteer understands that the Activities may include **typing, filing, printing, making packets, collating, organizing, computer work, creating flyers or other marketing materials, driving materials to fundraising sites and various other miscellaneous tasks.**

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

1. **Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless **United Way of SLO County** and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Volunteer's Activities with **United Way of SLO County**.

VOLUNTEER UNDERSTANDS THAT THIS RELEASE DISCHARGES **United Way of SLO County** FROM ANY LIABILITY OR CLAIM THAT THE VOLUNTEER MAY HAVE AGAINST **United Way of SLO County** WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM VOLUNTEER'S ACTIVITIES WITH **United Way of SLO County**, WHETHER CAUSED BY THE NEGLIGENCE OF **United Way of SLO County** OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. VOLUNTEER ALSO UNDERSTANDS THAT **United Way of SLO County** 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.

2. **Medical Treatment.** Volunteer does hereby release and forever discharge **United Way of SLO County** 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 **United Way of SLO County**.

3. **Assumption of the Risk.** The Volunteer understands that the Activities may involve work that may be hazardous to the Volunteer, including, but not limited to, **typing, filing, printing, making packets, collating, organizing, computer work, creating flyers or other marketing materials,**



transporting materials to fundraising sites and various other miscellaneous tasks,

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 **United Way of SLO County** from all liability for injury, illness, death, or property damage resulting from the Activities.

4. **Insurance.** The Volunteer understands that, except as otherwise agreed to by **United Way of SLO County** in writing, **United Way of SLO County** does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

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

6. **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 also 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 the Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year written above.

Print Name of volunteer: _____

Signature of Volunteer: _____

Date: _____

Witness: _____