



VOLUNTEER ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNITY

Volunteer Name: _____ **Phone:** _____

Parent/Guardian (If under 18 Years of age): _____

Address: _____ **Email:** _____

I, the undersigned adult and any minors listed below, hereby request to be permitted to participate in volunteer activities at the Laguna Food Pantry ("LFP").

Assumption of Risk. I am aware that volunteer activities with LFP involve handling food, unloading deliveries, stocking shelves among other potentially dangerous activities. I understand that such participation presents a risk of injury and I agree to assume any and all risk for injuries arising out of, or related to, participation in the LFP activities and understand that the Released Parties (as defined below) shall **NOT** be responsible or liable for any injury, damage, loss, or expense to me and/or my property incurred as a result of my participation in such activities.

To ensure the health and safety of employees, shoppers, volunteers, and property, LFP requires that volunteers or potential volunteers be able to perform their assignment unimpaired by any substance, including illegal drugs, alcohol, or legal substances that may impact their ability to safely perform their assigned duties or projects. I understand and accept that LFP reserves the right to refuse, for any reason and without explanation, my entrance to their property or my performance of services based on the above-stated policy. I understand and accept that LFP reserves the right to terminate its relationship with me or any minor(s) listed below, as a volunteer without explanation if I violate LFP's policies and regulations during my time volunteering at any LFP event or property. My signature indicates that I have read and agree without dispute to LFP's policies and regulations.

No Employment/Benefits. As a volunteer on behalf of LFP, I understand that I am not an employee, and I have no expectation of compensation or benefits of any kind for my volunteer services on behalf of LFP. LFP will not provide me with any financial or other assistance, including but not limited to medical, health, or disability insurance, workers' compensation benefits, or any similar insurance or benefits.

Release, Waiver, and Indemnity. As a condition of participation in the LFP's activities, on behalf of myself, and my successors and assigns, I hereby agree to forever release, discharge, acquit, hold harmless, and indemnify LFP and its partners, principals, directors, officers, agents, employees, volunteers and representatives and their respective successors and assignees ("Released Parties") from any and all charges, complaints, claims, demands, obligations, damages, actions, causes of action, suits, rights, costs, losses, debts, expenses, including attorney's fees and costs, liabilities and indebtedness of every type, kind, nature, description or character, whether known or unknown, suspected or unsuspected, liquidated or unliquidated arising from, under, or related to the negligence of, or any other act or omission of, any of the Released Parties, or otherwise in any way related to, or arising from, participation in LFP activities ("Released Matters"). I acknowledge and agree that the releases made herein constitute final and complete releases of the Released Parties with respect to all Released Matters, and that by signing this Agreement, I am forever giving up the right to sue or attempt to recover money, damages, or any other relief from the Released Parties for all claims I may have with respect to the Released Matters (even if any such claim is unforeseen as of the date hereof).

Governing Law and Severability. I understand and agree that this Voluntary Assumption of Risk, Release of Liability and Indemnity (“Release”) will be interpreted in accordance with the laws of the State of California. I agree that if any clause or provision of this Release is determined by a court of competent jurisdiction to be invalid, the remainder of this documents will remain valid and enforceable.

Anti-Harassment Policy. I have been directed to read LFP’s Anti-Harassment Policy available on LFP’s website as well as at the Pantry facility. By signing this Voluntary Assumption of Risk, Release of Liability and Indemnity Agreement, I also acknowledge that I have read and understand the Anti-Harassment Policy.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT BY SIGNING THIS RELEASE I AM RELEASING KNOWN AND UNKNOWN CLAIMS.

Volunteer Signature: _____ **Date:** _____

**Parent or guardian must sign above to authorize the minor listed below to participate in volunteer activities. The minimum age for minor participation at Laguna Food Pantry is 14 years old. Minors under 16 must be accompanied by a parent or guardian at all times.

Minor’s Signature: _____ **Age:** _____

Parent/Guardian Signature: _____ **Date:** _____