



Volunteer Agreement and Release of Liability Waiver

VOLUNTEER WAIVER & RELEASE FORM

The Real Life Center and Orchard is committed to conducting its programs, services, and activities in a safe manner and holds the safety of the Real Life Center and Orchard volunteers in high regard. However, volunteers and parents/guardians of minor volunteers must recognize that there is an inherent risk of injury when choosing to volunteer in performing and/or otherwise assisting the Real Life Center and Orchard with its services ("Volunteer Activities"). You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled to perform the Volunteer Activities. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before performing any Volunteer Activities that involve physical activity.

WARNING OF RISK

The Volunteer Activities often challenge and engage the physical, mental and/or emotional resources of each volunteer. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury when acting as a volunteer for the Real Life Center and Orchard. All hazards and dangers cannot be foreseen. Certain risks, dangers, and injuries may exist due to slips and falls, poor skill level or conditioning, carelessness, horseplay, premises defects, inadequate or defective equipment, inadequate supervision, instruction, and other risks inherent to the Volunteer Activities. In this regard, it is impossible for the Real Life Center and Orchard to guarantee absolute safety.

EMERGENCY HEALTHCARE AUTHORIZATION

In the event of your injury or illness, whether real or suspected, during your volunteer service with RLC, you authorize and give permission to take you or arrange for emergency transportation to a doctor or hospital for medical diagnosis or treatment, including but not limited to emergency surgery or medication, and you assume the responsibility of all related fees and expenses arising there from.

PHOTOGRAPHIC RELEASE

As the volunteer, I grant and convey unto the Real Life Center and Orchard all right, title, and interest in any and all photographic images and video or audio recordings made by the Real Life Center and Orchard during the work with the Real Life Center and Orchard.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in acting as a Real Life Center and Orchard Volunteer, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of volunteering in any and all Volunteer Activities and/or Real Life Center and Orchard Services (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to volunteers providing and/or engaging in Volunteer Activities and/or Real Life Center and Orchard Services, and I voluntarily agree to assume the full risk of any and all injuries, death, damages, or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said Volunteer Activities and/or Real Life Center and Orchard Services. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of the Volunteer Activities, and/or Real Life Center and Orchard Services, against the Real Life Center and Orchard, or any of its affiliated organizations, or any of their respective officials, officers, employees, agents, and/or other volunteers, collectively or individually.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Volunteer's Signature: _____ **Date:** _____

Please Print.

First Name: _____ M.I. _____ Last Name: _____

Volunteer's Address: _____ City: _____ State: _____ Zip: _____

Cell Ph #: _____ Email: _____

Emergency Contact: _____ Cell Ph #: _____

Medical Conditions: _____

If volunteer is not at least 18 years or older (a minor), this Release and Waiver of Liability must also be signed by a parent or guardian.

Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____

VOLUNTEER ACTIVITIES WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.