

**VETERANS OF WAR AID FOUNDATION
VOLUNTEER WAIVER AND RELEASE OF LIABILITY**

I, _____, desire to volunteer in programs and/or activities of the Veterans of War Aid Foundation, a California nonprofit corporation (“VOWAID”).

I understand that my participation in VOWAID programs or activities (the “Programs”) is voluntary. I acknowledge that I am not entitled to compensation or other benefits for my participation as a volunteer in the Programs. I further understand that there may be risks connected with participating in the Programs including, but not limited to, risks associated with the following: _____, setting up and taking down event areas; an error in administering first aid; the intentional or unintentional acts or omissions of a third-party; or other acts, incidents, or conditions, whether known or unknown to VOWAID.

I am physically capable of participation in the Programs and solely responsible for my health and safety. I knowingly agree conduct myself in a safe and prudent manner and to assume all risks and liability associated with participation in the Programs, both known and unknown, including injury, illness, claims, or other damages. I further acknowledge and agree that I am solely responsible for my own health and disability insurance coverage in the event of injury or illness as a result of my participation in the Programs. VOWAID does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature.

I will observe all applicable laws, rules, and regulations imposed by VOWAID or its Program partners. Specifically, **I agree that I will not consume alcohol, cannabis, or THC products a full eight hours prior to and eight hours after the my participation in the Programs.**

In consideration for being permitted to participate in the Programs, I freely and voluntarily release, waive, discharge, and indemnify VOWAID and their trustees, agents, assigns, affiliates, volunteers and employees (the “Released Parties”) from any and all claims, liability, injuries, losses, damages, or costs of any kind or nature that arise from, are caused by, or are related in any way to the Programs. In addition, I agree to indemnify and hold the Released Parties harmless from any loss, liability, damage, or cost which they may incur as a direct or indirect result of my participation in the Programs.

I further consent to the unrestricted use in any form of any photographs, interviews, film, videotapes, other visual or auditory recordings, in any other medium, including the Internet, of me that the Released Parties or others may create in connection with my participation in the Programs. I waive any right to inspect or approve the finished product and acknowledge that I am not entitled to any compensation for creation or use of the finished product.

I expressly agree that this Waiver and Release of Liability (the “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. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

I HAVE READ, UNDERSTAND, AND WILL ABIDE BY EACH OF THE TERMS AND CONDITIONS OF THIS WAIVER AND RELEASE OF LIABILITY. I AM OF LEGAL AGE TO ACCEPT THESE RESPONSIBILITIES OR, IF I AM NOT OF LEGAL AGE, HAVE OBTAINED THE SIGNATURE OF MY PARENT(S) OR LEGAL GUARDIAN(S), WHO BY HIS/HER/THEIR SIGNATURE(S) AGREE TO BE LEGALLY RESPONSIBLE FOR THE OBLIGATIONS DESCRIBED IN THIS WAIVER AND RELEASE OF LIABILITY AND AGREE TO BE BOUND BY ITS TERMS.

Signature

Printed Name

Date

Parent/Guardian Signature (if under 18)

Printed Name

Date