

Volunteer Release and Waiver of Liability Form

Required of each Parent / Guardian and all Co-Oping Adults

Please print.

Child(ren)'s Last Name: _____

This Release and Waiver of Liability ("the Release") releases Trinity Presbyterian Preschool (TPP), a nonprofit corporation, and its directors, officers, employees, and agents.

I, the "Volunteer" desire to work as a volunteer for Trinity Presbyterian Preschool and engage in the activities related to being a volunteer. As Volunteer, I understand that the scope of my relationship with TPP is limited to a volunteer position and that no compensation is expected in return for services provided by me; that TPP will not provide any benefits traditionally associated with employment; and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my services as volunteer to TPP.

- Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless TPP and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to TPP. I understand and acknowledge that this Release discharges TPP from any liability or claim that I may have against TPP with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to TPP or occurring while I am providing volunteer services.
- Insurance:** Further I understand that TPP 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. I expressly waive any such claim for compensation or liability on the part of TPP beyond what may be offered freely by TPP in the event of injury or medical expenses incurred by me.
- Medical Treatment:** I hereby release and forever discharge TPP from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with TPP.
- Assumption of Risk:** I understand that the services I provide to TPP may include activities that may be hazardous to me. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release TPP from all liability.
- Other:** As a volunteer, I 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. 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.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Required of each Parent / Guardian and all Co-Oping Adults

Volunteer Name (please print)

Volunteer Name (please print)

Relationship to Child(ren)

Relationship to Child(ren)

Signature

Signature

Date

Date