



Volunteer Waiver

PLEASE PRINT CLEARLY

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”) executed on _____
by _____ (the “Volunteer”) in favor of Adventist Medical
Evangelism Network (AMEN), a nonprofit corporation, and its directors, officers, employees, and agents.

DATE: MM/DD/YYYY

FULL NAME

The Volunteer desires to work as a volunteer for AMEN and engage in the activities related to being a volunteer for a free medical and dental clinic (the “Activities”). The Volunteer understands that the Activities may include physical labor, exposure to bio-hazardous materials such as blood and saliva, exposure to dental cleaning chemicals, exposure to sharp instruments and tools, and/or other circumstances that may result in personal injuries.

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 AMEN and its successors and assigns from any and all liability, claims, demands and whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Volunteer’s Activities with AMEN.

VOLUNTEER UNDERSTANDS THAT THIS RELEASE DISCHARGES AMEN FROM ANY LIABILITY OR CLAIM THAT THE VOLUNTEER MAY HAVE AGAINST AMEN WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM VOLUNTEER’S ACTIVITIES WITH AMEN, WHETHER CAUSED BY THE NEGLIGENCE OF AMEN OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. VOLUNTEER ALSO UNDERSTANDS THAT AMEN 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 AMEN 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 AMEN.
- 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, cleaning, lifting, exposure to chemicals, exposure to bio-hazardous waste, and risks from transportation to and from the clinic. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities, and releases AMEN 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 AMEN in writing, AMEN 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 AMEN all right, title, and interest in any and all photographic images and video or audio recordings made by AMEN during the Volunteer’s Activities with AMEN, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

CONTINUE ▶

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 this Release which shall continue to be enforceable.

Volunteer has executed the Release as of the day and year written below

VOLUNTEER SIGNATURE

DATE

For Volunteers Under 18 Only

I have read the above and I consent to my child participating in this event.

PARENT'S SIGNATURE (IF UNDER 18)

DATE