

Youth Volunteer Release Form



Sierra Service Project
PO Box 13009 • Sacramento, CA 95813 • (916)488-6441 • www.sierraserviceproject.org

PLEASE FILL OUT BOTH SIDES OF FORM

Group Name (if applicable): _____ Date: __/__/__

Volunteer Name: _____ Birthday: __/__/__

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Parent or Guardian Contact Information

Parent or Guardian Name: _____

Mailing Address (if different from above): _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Parents/Guardian's Employer: _____

Health Insurance Co.: _____ Policy No.: _____

Physician: _____ Phone: _____

Does your insurance carrier require a second opinion before emergency procedures are undertaken?

Yes No

Date of last tetanus shot: __/__/__

Listed below are any allergies to medications, medical conditions, or other information important to my child's health that the chaperons and/or medical providers should know. _____

Emergency Contact Information (Different from previous parent)

Name: _____ Phone Number: _____ Relation: _____

Volunteer Interest:

Yes, please let me know when you need volunteers

Please let us know if you have any skills you'd like to contribute: _____

Please tell us how you learned about Sierra Service Project:

Friend Word of mouth Website Facebook

Nextdoor Event Other: _____

Medical Release:

(Youth's name) _____ has my permission to attend Sierra Service Project. I authorize such emergency or other medical treatment as the adult chaperons of the activity, or emergency personnel deem necessary or appropriate. I understand that the chaperons will use all reasonable effort to contact me or the person listed above before the administration of such treatment, but if they cannot so contact me or the person listed below, they are authorized to allow/authorize such medical care. I understand that they will make reasonable efforts to continue to contact me while such treatment is on-going.

I understand that the SSP program involves construction and recreational activities, and I acknowledge that reasonable measures will be taken to safeguard the health and safety of all participants. I agree to indemnify and hold harmless the Sierra Service Project, its officers, agents and employees from any and all claims, damages, expenses or injuries arising out of or incident to my child's participation in this Project, unless such a loss or injury results directly from the neglect or willful act of an officer, agent or employee of Sierra Service Project acting within the scope of his/her employment.

Volunteer's Signature

Date

Volunteer's Name

Parent/Guardian's Signature (if under 18)

Date

Parent/Guardian's Name (if under 18)

Your signature here confirms that the information on these two pages is complete and correct as far as you know, and that you are giving permission to staff as noted.

Parent/Guardian's Signature

Date

Information contained herein is confidential and will be made available only to staff and medical professionals as necessary.

Parental Authorization for Guardianship during Participation in Sierra Service

The completion of this form is a requirement for participation of your child, or the child under your care, in all activities in Rancho Cordova, California. The City of Rancho Cordova and Sierra Service Project maintain public liability insurance for all of its activities, but maintains no insurance to cover medical expenses incurred on behalf of your child if required during an activity.

_____ has my permission to travel with _____, who I designate as my child's guardian for purposes of this travel and the activities sponsored by Sierra Service Project in Rancho Cordova, California, between these dates: _____.

Media Release

You do or do not have my permission to use photographs, slides or videos in which my child,

_____, appears for Sierra Service Project publicity purposes.

Parent/Guardian's Signature

Date

Please **do not** email me Sierra Service Project's newsletter

DAY OF SERVICE EVENT
Sierra Service Project
WAIVER OF LIABILITY RELEASE OF CLAIMS,
INDEMNIFICATION AND ASSUMPTION OF RISK AGREEMENT

The undersigned is participating in a voluntary community service event sponsored by the Sierra Service Project and the City of Rancho Cordova (“City”) in the City of Rancho Cordova (“the Project”), California. Participation in this project is strictly voluntary and bound by the terms of this Agreement. The Project involves performing volunteer maintenance, home improvement repairs, minor construction, yard clean-up and other general repairs on selected homes within the City of Rancho.

1. I hereby agree to release, hold harmless, waive and discharge Sierra Service Project, the City, its officers, officials, employees, agents, volunteers and consultants from any and all liability, claims or causes of actions, loss, expenses and costs (including attorneys’ fees) arising out of or in any way connected with the activity described in this release (the Project), or upon their acts or omissions, whether negligent or not. I understand and have been advised that I may have rights under Section 1542 of the California Civil Code, which reads as follows: “A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.” I expressly waive any rights conferred on me and/or my child under California Civil Code Section 1542, as well as any similar law of any state or territory of the United States.
2. I hereby release Sierra Service Project and the City, its officials, officers, employees, agents, volunteers and contractors and waive all actions, claims and demands that I and/or my heirs, executors, representatives, insurers, attorneys, administrators or assigns may have or may hereafter have for any personal injury (including death) or property damage that I may directly or indirectly incur while volunteering in the above activity (the Project) including damage incurred as a result of the negligence (passive or active) of Sierra Service Project or the City, its officials, officers, employees, agents, volunteers and contractors. I agree not to sue any of the released parties on the basis of these waived and released claims. I understand that Sierra Service Project and the City would not permit me to participate in the Project without agreeing to these waivers and releases.
3. I further agree to indemnify, hold harmless and defend, with counsel selected by Sierra Service Project or the City, Sierra Services Project and the City, its officers, employees, agents, volunteers and consultants from any and all claims, demands, actions, judgment, costs, attorneys’ fees and damages of any kind for liability arising out of or in any manner related to the performance of my voluntary services or participation in the Project.
4. I agree to waive and release any claim against Sierra Service Project or the City, its officers, officials, agents, or volunteers arising out of any first aid, treatment, or medical service received by me, including the lack or timing of such, in connection with my volunteer activities with the Project.
5. I further agree that I will not be insured under Sierra Service Project’s or the City’s Workers’ Compensation policy.
6. I understand that volunteer activities associated with the Project have inherent risks that arise from my actions and inactions, and from the actions and inactions of Sierra Services and City officials, employees, officers, agents, or other volunteers. These risks may include, but are not limited to, working near vehicles, tools, sharp or heavy objects, ladders; lifting objects, and performing manual labor. I assume full responsibility for any and all risks of bodily injury, death or property damage caused by or arising directly or indirectly from my presence or participation in the Project, regardless of the cause.

7. While participating as a volunteer for the Project, I hereby authorize the taking of my picture, by photograph, movie, or videotape or otherwise (“pictures”) for use by the Sierra Service Project or the City.. I hereby irrevocably consent to and authorize the use and reproduction of such pictures by Sierra Service Project and the City without compensation. I hereby waive any right to inspect or approve such pictures prior to use by Sierra Service Project or the City.

8. Volunteers under the age of 18 shall have the waiver signed by a parent or legal guardian. No volunteers under the age of 12 are permitted to participate in anyway. *Any volunteers under the age of 16 shall not be permitted unless a parent or guardian is also on the work site.* Any volunteers under the age of 16 shall not use power tools or heavy or dangerous equipment. Volunteers under the age of 18 shall not be tasked with driving responsibilities related to the work performed under this Agreement (for example, if supplies are needed for a project, volunteers under the age of 18 shall not drive to retrieve the supplies).

By signing below I agree that I have carefully read this Waiver, Release, Indemnity and Assumption of Risk Agreement and fully understand its contents. I am aware that this is a release of liability and I sign it freely and voluntarily without inducement. I agree that no oral representation, statements or inducement apart from this written agreement have been made.

Volunteer Name: _____

Volunteer Signature: _____ **Date:** _____

IF VOLUNTEER IS UNDER 18, PARENT OR GUARDIAN MUST SIGN BELOW

Volunteers under the age of 18 shall have the waiver signed by a parent or legal guardian. Provider agrees that no volunteers under the age of 12 will be used. Any volunteers under the age of 16 shall not be permitted unless a parent or guardian is also on the work site.

I _____, do hereby consent to allow my child, _____ to participate as a volunteer with the Sierra Service Project and the City of Rancho Cordova, subject to all of the terms and conditions above. I further expressly agree, on behalf of my child and myself, to all of the terms and conditions above, including but not limited to paragraphs 1, 2, 3, and 4.

In case of a medical emergency, I hereby authorize calling a physician at my expense to provide whatever medical or surgical treatment is necessary. I understand that I will be notified as soon as possible in case of any emergency affecting my child.

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

Emergency Contact Information

Name: _____ Phone Number: _____