



Lake California Property Owners Association
19999 Lake California Dr. * Cottonwood, CA. * 96022
Tel: 530-347-7900 Fax: 530-347-7902

VOLUNTEER FORM
RELEASE OF LIABILITY FOR ADULTS

- I AM AWARE** that volunteering for the LCPOA involves risk of personal injury, property damage, and other risks associated with volunteer service.
- I HEREBY HOLD HARMLESS** the LCPOA and (if any) project organizers from any and all claims, actions, or damages relating to or arising out of any activity related to volunteering for the LCPOA.
- I UNDERSTAND** I am fully and completely responsible for all healthcare expenses incurred by me if I become injured while participating as an LCPOA Volunteer, and I have made arrangements to handle such expenses through insurance coverage, access to cash, or other methods.
- FURTHERMORE**, I agree to utilize my own vehicle for transportation, and further agree that I will be fully responsible for any and all damages or injuries sustained by myself and anyone else in my vehicle. I hereby represent and warrant that I am fully insured to operate my personal vehicle, to the extent required by law.
- I ASSUME FULL RESPONSIBILITY FOR** any and all claims and costs (including my own) arising directly or indirectly out of activities, acts, or omissions while volunteering with the LCPOA.
- I CERTIFY** that the statements made in this volunteer release are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party, with legal and proper interest, and I release the LCPOA from any liability whatsoever for supplying such information. I understand that I will not be paid for services as a volunteer.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THE RELEASE AND INDMNITY AGREEMENT.

VOLUNTEER NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
HOME TELEPHONE: _____ **CELLULAR:** _____
EMAIL ADDRESS: _____

SIGNATURE: _____ **DATE:** _____