



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 YOUTHS

- 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 my child should he/she 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 INDEMNITY AGREEMENT.

THE ACTIVITY I AM VOLUNTEERING FOR IS _____

DATE OF ACTIVITY OR EVENT: _____

VOLUNTEER NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME TELEPHONE: _____ **CELLULAR:** _____

EMAIL ADDRESS: _____

SIGNATURE: _____ **AGE** _____ **DATE:** _____

SIGNATURE _____ **DATE** _____ **RELATION TO CHILD** _____

PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 years old)

THE UNDERSIGNED PARENT and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name

Age

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian