

## GLIDE Adult Volunteer Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") is executed on this day by the signee below in favor of GLIDE. The signee desires to work as a Volunteer for Glide and engage in the activities related to being a volunteer. The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

- 1. Waiver and Release. Volunteer does hereby release and forever discharge and hold harmless GLIDE and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for GLIDE. Volunteer understands that this Release discharges GLIDE from any liability or claim that the Volunteer may have against GLIDE with respect to any bodily injury, personal injury, illness, death, property damage, or any other liability that may result from Volunteer's work for GLIDE, whether caused by the negligence of GLIDE or its officers, directors, employees, agents or otherwise. Volunteer also understands that GLIDE does not assume any responsibility for, or obligation to provide, financial assistance or other assistance, including, but not limited to, medical, health, Workers' Compensation or disability insurance in the event of injury or illness.
- **2. Medical Treatment**. Volunteer does hereby release and forever discharge GLIDE from any claim or liability whatsoever that arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's work for GLIDE.
- **3. Assumption of the Risk**. The Volunteer understands that the work for GLIDE may include activities that may be hazardous to the Volunteer, including, but not limited to, kitchen-related duties, security duties, contact with clients, contact with other volunteers, and contact with the public generally. In connection thereto, Volunteer recognizes and understands that activities at GLIDE may, in some situations, involve inherently dangerous activities. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases GLIDE from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer's work for GLIDE.
- **4. Insurance.** The Volunteer understands that, except as otherwise agreed to by GLIDE in writing signed by the Executive Director, GLIDE does not carry or maintain health, medical or disability insurance coverage for any Volunteer. <u>Each Volunteer is expected and encouraged to obtain her or his own medical or health insurance coverage.</u>
- **5. Photographic Release.** Volunteer does hereby grant and convey unto GLIDE, GLIDE's sponsors and their agents all right, title, and interest in any and all photographic images and video or audio recordings made during the Volunteer's work for GLIDE, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings. Volunteer grants permission to record, edit, transcribe, use, duplicate, modify, distribute,

and/or publicly exhibit the Volunteer's presentation or appearance, and use of Volunteer's name, likeness, voice, and biographical information in any and all media now existing or hereafter developed, throughout the world, in perpetuity, without restrictions or limitation.

**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 agrees that in the event that any clause or provision of the 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 Information<br>Last Name                                     |             | First Name   |          |
|--|-------------|--------------|----------|
| Address  |             | City & State | Zip Code |
| Email Address  | Cell #      | Work #       | Other#   |
| Current Employer   | Title and D | uties        |          |
| I have read this document and Injuries and Damages and activity/event. | •           |              |          |
| ectivity/event.  |             |              |          |
| (Please Print) Name:   |             |              |          |
|  |             | Da           | nte      |
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| (Please Print) Name: Signature  Emergency Contact Info                 | rmation:    | Da           | nte      |