EXPRESS WAIVER OF LIABILITY RELEASE AND INDEMNITY AGREEMENT
OC UNITED TOGETHER
418 W. Commonwealth Ave., Fullerton, CA 92832

PROJECT TITLE _____

DATE OF PROJECT _____

In consideration for being allowed to participate in a *Love Fullerton* service project (the "Activity") sponsored by OC United Together ("OC United"), the sponsoring organization (herein after the "Entity") the Undersigned does hereby agree to this express waiver of liability against the Entity, and makes the release and Indemnity Agreement with Entity set forth below.
The Undersigned, for themselves, and their personal representatives, assigns, heirs, and next of kin, and each and every one of them:

As a condition of being allowed to volunteer with the Activity, voluntarily and absolutely releases and discharges the Entity and its officers, agents, and employees, from any and all losses, damages, actions or causes of action resulting from volunteering with Love Fullerton; whether or not such injuries or damages are caused by negligence (active or passive). The Undersigned agrees to obey instructions given by the person(s) having supervision and control over the Undersigned's position.

Hereby indemnifies and holds harmless the Entity and its officers, agents, servants, or employees ("Indemnitees") from any and all claims or causes of action by any person or entity, and under no circumstances will present any claims against Indemnitees for personal injury, property damage, or wrongful death caused by any act of negligence (active or passive) by Indemnitees.

Hereby gives permission to the physician selected by the Entity and/or its Released Party personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist. The undersigned consents to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care upon the advice of or rendered by a physician, nurse, surgeon, or dentist. The undersigned is authorized to consent to services to be rendered, and no other consent is required by law. Hereby agrees that any injury as a result of volunteering with the Entity and the Released Party, recourse for payment of hospital, medical, dental, or related costs and expenses will be paid by me or my spouse, accident, hospital or medical insurance, or any benefit plan of mine or my spouse.

Hereby acknowledges that participation in the Activity constitutes approval to be videoed and photographed and for those videos or photographs to be used in the Entity and/or its Released Party's-related publications and website(s) without compensation therefor.

The Undersigned hereby warrants that the foregoing statements are true and correct and that the Undersigned understands that the Entity has relied upon such warranties in entering into this Agreement, and making the premises available for use by the Undersigned. No oral representations, statements, or inducements have been made by or between the parties to this Agreement with respect to the subject matter of this agreement, apart from the matters set forth within this Agreement.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS AND LEGAL CONSEQUENCES. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I AM AWARE THAT THIS IS AN EXPRESS WAIVER OF LIABILITY AND A RELEASE AND INDEMNITY AGREEMENT BETWEEN THE ENTITY, AND MYSELF AND I AGREE TO IT WITH MY OWN FREE WILL.

_____

FIRST & LAST NAME | DATE | SIGNATURE

_____

PARENT/GUARDIAN NAME (if under 18) | DATE | SIGNATURE

_____

CONTACT PHONE #