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## Volunteer Waiver of Liability

This Waiver of Liability (the “Waiver”) is executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ (the “Volunteer”) in favor of The Friends of AIDS Foundation of San Diego, California, USA.

I, \_\_\_\_\_, the Volunteer, desire to work as a volunteer for The Friends of AIDS Foundation and hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

**1. Waiver and Release.** I, the Volunteer, release and forever discharge and hold harmless The Friends of AIDS Foundation 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 my volunteer work with the Agency or its staff. I understand and acknowledge that this Waiver discharges the Agency or its staff from any liability or claim that I, the Volunteer, may have against the Agency with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation in The Friends of AIDS Foundation Volunteer Program. I also understand that the Agency does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

**2. Insurance.** I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of The Friends of AIDS Foundation beyond what may be offered freely by the representative of the Agency in the event of such injury or medical expense.

**3. Medical Treatment.** I hereby release and forever discharge The Friends of AIDS Foundation from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with the Agency.

**4. Assumption of the Risk.** I understand that my time with The Friends of AIDS Foundation may include activities that may be hazardous to me, including, but not limited to, local travel between clients homes and travel between The Friends of AIDS Foundation event sites. I hereby expressly and specifically assume the risk of injury or harm in all activities undertaken as a part of my volunteering responsibilities and release the Agency from all liability for injury, illness, death, or property damage resulting from the activities undertaken in the capacity of volunteer with the Agency.

**5. Photographic Release.** I grant and convey unto The Friends of AIDS Foundation all right, title, and interest in any and all photographic images and video or audio recordings made by or for the Agency during my work with The Friends of AIDS Foundation Volunteer program, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**6. Other.** I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of California. This Waiver shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Waiver 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.

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Volunteer’s Signature

Date

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Print Name

Revised 02/11