

CHILO FOUNDATION *"Pausing for those in need"*

Volunteer Application

Name: _____ D.O.B.: _____

Address: _____

Phone (Daytime): _____ Evening: _____

Cell Phone: _____ Email: _____

Currently Employed: Yes No Current Occupation: _____

Special Skills/Interests: _____

Availability for volunteering: Mornings / Afternoons / Evenings / Weekends

Times that work best for you: _____

Past Volunteer Experience: _____

Local Reference: _____

Business Reference: _____

Volunteer Signature: _____ Date: _____

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Release of Liability

****Read Carefully – This Affects Your Legal Rights****

This Release and Waiver of Liability (the "release") executed on this _____ day of _____, 20____, by _____

(Name of Volunteer)

and otherwise agrees as follows:

Persons and Entities Released: **CHILO FOUNDATION** affiliated Sponsors (the participating entities), and all others, jointly, severally, and individually.

The Volunteer desires to provide volunteer services and engage in activities related to serving as a volunteer for **CHILO FOUNDATION**. A Non-Profit Organization, the above named volunteer hereby agrees as follows:

- 1. WAIVER AND RELEASE:** I, the Volunteer, release and forever discharge and hold harmless the above listed entities 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 the services I provide. I understand and acknowledge that this Release discharges from any liability or claim that I may have with respect to bodily injury, personal injury, illness, emotional stress, death, or property damage that may result from the services I am providing for The Event.
- 2. INSURANCE:** Further I understand that none of the above participating entities assumes any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of the participating entities.
- 3. MEDICAL TREATMENT:** I hereby Release and forever discharge the participating entities 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 tenure as a volunteer with the Event.
- 4. ASSUMPTION OF RISKS:** I understand that the services I provide at the events may include activities that may be hazardous to me including, but not limited to involving inherently dangerous activities. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release ALL participating entities from all liability for injury, illness, death, or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services for The Event.
- 5. PHOTOGRAPHIC RELEASE:** I grant and convey to the event organizers all right, title, and interests in any and all photographs, images, video, audio in connection with my providing volunteer services for The Event.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Age

Date

If volunteer is under the age of 18, a parent/guardian must read and sign this Release of Liability form.

Sign Parent or Guardian

Print Name of Parent of Guardian

Date