

# Adult and/or Minor Waiver

This is a Release and Waiver of Liability executed on DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_.

As volunteer(s), I/we release Harvest CROPS (HC) a nonprofit corporation organized, existing under the laws of the State of California, and each of its directors, employees, agents and volunteers. The Volunteer desires to provide volunteer services for HC, to engage in activities related to serve as a volunteer at special community outreach events.

The Volunteer understands that the scope of Volunteer's relationship with HC is limited to volunteer position and that no compensation is expected in return for services provided by the volunteer. HC will not provide any benefits traditionally associated with employment. Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of the Volunteer's services for HC.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless HC and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to HC. I understand and acknowledge that this Release discharges HC from any liability or claim that I may have against HC with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to HC or occurring while I am providing volunteer services.
2. Insurance: Further I understand that HC does not assume any responsibility for or obligation to provide me financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of HC beyond what may be offered freely by HC in the event of such injury or medical expenses incurred by me.
3. Photographic Release: I grant and convey to HC all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by HC in connection with my providing volunteer services to HC.

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

**\*\*\*\* If volunteer is under the age of 18, a parent or legal guardian must sign form. \*\*\*\***

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**Print Name** of Adult or Guardian

Print Name of Minor(s)

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**Signature** of Adult or Guardian

Date

**Volunteering from (city):** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

(Optional)

**Print email to register for harvest notices:** \_\_\_\_\_

**Harvest CROPS (Community Residents Offering Produce Seasonally)** is a 501(c)(3) nonprofit organization.

Volunteer Contact

info@harvestcrops.org

Sergio Padilla

619-318-3423

www.harvestcrops.org